

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS ROUTINE CIRU STROKE ADMISSION ORDERS	CHECK OFF/ INITIALS
1. Admit to: The Comprehensive Inpatient Rehabilitation Unit.	
2. Diagnosis: Gait and ADL Impairment secondary to _____	
3. Physical Therapy to evaluate and treat.	
4. Occupational Therapy to evaluate and treat.	
5. Speech Therapy to evaluate and treat.	
6. Diet: Continue as on transfer, or diet at home: _____	
7. Stroke Nutrition Counseling by Dietitian, if indicated _____	
8. Code Status, as on transfer record.	
9. Remove Foley Catheter on admission. Obtain a urinalysis, culture and sensitivity after the Foley is removed.	
10. Vital signs every shift times 72 hours, then daily if within normal limits. (Include blood pressure lying, standing on admission).	
11. Electrolytes if on a diuretic, or not done within two weeks.	
12. CBC	
Evaluate risk for secondary stroke prevention:	
13. Administer Stroke Risk self-assessment tool.	
14. Protime every Monday and Thursday, if on Warfarin (Coumadin®). Hold Warfarin (Coumadin®) if INR is greater than 3; Notify physician if INR is greater than 4.	
15. If patient is a smoker, offer counseling or treatment during rehabilitation admission.	
16. If patient is a smoker, offer smoking cessation program at discharge.	
17. DVT prophylaxis to include: TEDS to bilateral lower extremities, until fully ambulatory	
18. Stroke education booklet on admission.	
19. Offer stroke support group, at discharge.	
20. Medications: Verify medications with the Medication Reconciliation Physician Discharge/Transfer Orders/Transfer Information from Transferring Facility and/or patient's home medication list.	
Physician/Date/Time: _____	Nurse/Date/Time: _____
Secretary/Date/Time: _____	

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Original: 11/08

Reviewed: 10/09

Fax to Pharmacy

Form # 1.1-008