

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

DOCTORS ORDERS NEW STROKE / TRANSIENT ISCHEMIC ATTACK	CHECK OFF/ INITIALS
1. If Medication Reconciliation and/or New Stroke/Transient Ischemic Attack order set incomplete, RN to contact physician.	
2. For patients eligible for thrombolytic therapy with systolic blood pressure greater than 185mmHg or diastolic greater than 110mmHg for 2 or more readings 5-10 minutes apart ADMINISTER: <input type="checkbox"/> Labetalol (Normodyne®) 10 mg Intravenously over 1-2 minutes, may repeat every 10 minutes as needed times 3 (total of 4 doses). If Blood Pressure remains elevated above given parameters, call the physician for further orders. Maximum dose of Labetalol (Normodyne®) 300 mg/24 hours. DO NOT give if pulse is less than 60. <input type="checkbox"/> Enalapril Maleate(Vasotec®) 0.625 mg in 50mL of 5% Dextrose in Water or 0.9% Sodium Chloride over 5 minutes. May repeat dose every 15 minutes as needed times 3 doses (Total of 4 doses). If Blood Pressure remains elevated above given parameters, call the physician for further orders. IF Blood Pressure is NOT reduced and maintained at Systolic Blood Pressure less than or equal to 185 mmHG and Diastolic less than or equal to 110, DO NOT GIVE ALTEPLASE.	
3. Initiate: <input type="checkbox"/> STROKE – ALTEPLASE / POST ALTEPLASE <input type="checkbox"/> STROKE / TRANSIENT ISCHEMIC ATTACK - NO ALTEPLASE <input type="checkbox"/> HEMORRHAGIC STROKE	
4. Record time of stroke onset	
5. Activate stroke response team if less than 3 hours since symptoms began	
6. Vital Signs and neuro checks every 15 minutes times 4, every 30 minutes times 2, then every 2 hours; continuous cardiac and oxygen saturation monitoring; NIH Stroke Scale on arrival.	
7. If Oxygen Saturation 95% or less, begin Oxygen at 5 Liters/minute	
8. Stat non-contrast CT head	
9. Stat labs: CBC with platelets, PT/INR, APTT, BMP, glucose (fingerstick okay), Type and Screen, CPK-MB, Troponin I	
10. STAT EKG	
11. Intravenous: 0.9% Sodium Chloride at 50 mL/hour. Avoid affected arm	
12. Keep NPO (nothing by mouth), including medications	
13. NO Heparin, Warfarin(Coumadin®), Aspirin, Ticlodipine (Ticlid®), Clopidogrel (Plavix®) or other antithrombotic, or antiplatelet aggregating drugs if tPA eligible.	
14. Do not insert Foley Catheter until determined ineligible for Thrombolytic Therapy.	
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

Fax to Pharmacy

TOTAL 4 PAGES



Thrombolytic Therapy Physician Documentation Tool

Date/Time of last known normal: _____

Date/Time of symptom discovery _____

Reason for NOT administering tPA at this facility:

- Intravenous or Intra-arterial tPA given at outside hospital
 - Seizure at onset with postictal residual neurological impairments
 - Care team unable to determine eligibility
 - Stroke severity- too mild, or rapidly improving symptoms
 - Glucose less than 50 or greater than 400 mg/dl
 - No intravenous access
 - Stroke severity- too severe (NIHSS greater than 22)
 - Life expectancy of less than 1 year or severe comorbid illness
 - Septic thrombophlebitis or occluded AV cannula at infected site
 - Recent arterial puncture at noncompressible site (less than 7 days)
 - Hemostatic defects including those secondary to renal or hepatic disease
 - History of intracranial hemorrhage, brain aneurysm, vascular malformation or brain tumor
 - Platelets less than 100,000, APTT greater than 40 seconds after heparin use, or current use of oral anticoagulants with PT greater 15 or INR greater than 1.7, or unknown bleeding diathesis
 - Within 3 months of intracranial surgery, serious head trauma or stroke
 - Within 15 days of major surgery or serious trauma
 - Other identified contraindication/reasons/comments (please list)
- Onset of symptoms more than 3 hours
 - Active internal bleeding (less than 22 days)
 - Advanced age
 - Left heart thrombus
 - Recent surgery/ trauma (less than 15 days)
 - Patient/family refused
 - Acute pericarditis
 - Pregnancy, lactation or delivery within 30 days
 - Lumbar puncture within 7 days
 - Myocardial infarction within last 3 months
 - Evidence of active bleeding or acute trauma/fracture on exam
 - CT findings- Intracerebral hemorrhage, Subarachnoid hemorrhage or major infarct signs
 - Diabetic hemorrhagic retinopathy or other ophthalmic bleeding
 - Systolic blood pressure greater than 185 mmHg or Diastolic blood pressure greater than 110 mmHg requiring aggressive treatment to reduce blood pressure within these limits
 - Other known bleeding tendency or disposition
 - High clinical suspicion of Subarachnoid hemorrhage (sudden onset severe headache, neck stiffness, nausea, vomiting)

If NO contraindication to giving tPA indicated above:

Is patient 18 years of age or older?	YES	NO
Is time of symptom onset well established and less than 180 minutes before treatment would begin?	YES	NO
Is there a clinical diagnosis of ischemic stroke causing measurable neurologic deficit(s)?	YES	NO

Relative Contraindications: Ticlodipine (Ticlid®) Clopidogrel (Plavix®)

*For women of childbearing age, consider obtaining a pregnancy test

DYSPHAGIA SCREENING

Is patient alert?	YES	NO
Is patient able to handle their own secretions?	YES	NO

If the answer to either question is "NO", order NPO, including meds and order speech therapy consult.

- *Dysphagia screening not required because:** Pt has complete recovery of all symptoms and neurological deficits
 Pt has a PEG tube and does not receive oral intake

Consider: Diet of Pureed, Level III (pudding) with crushed meds

-OR-

- Diet consistency:**
- Nothing by mouth
 - Regular
 - Soft
 - Mechanical Soft (chopped meats)
 - Mechanical soft (ground meats)
 - Pureed

- LIQUID LEVELS:**
- None
 - Thin
 - Level 1 (nectar)
 - Level II (honey)
 - Level III (pudding)

Please order Medical Nutrition Diet as needed:

- Renal
- ADA _____ calorie
- 2gram sodium lo fat, lo cholesterol

Date/TIME _____

Physician/NP/PA Signature _____



