

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

DOCTORS ORDERS	CHECK OFF/ INITIALS
STROKE – TRANSIENT ISCHEMIC ATTACK - NO ALTEPLASE	
1. If Medication Reconciliation and/or Stroke-Transient Ischemic Attack – No Alteplase order set incomplete, RN to contact physician.	
2. Admit to <input type="checkbox"/> PCU <input type="checkbox"/> OTHER _____	
3. Medications: HOLD HOME ANTIHYPERTENSIVE MEDICATION <ul style="list-style-type: none"> •Famotidine (Pepcid®) 20mg every 12 hours by mouth/feeding tube may give Intravenously if no oral intake and no feeding tube. •Docusate Sodium (Colace®) 100mg by mouth or feeding tube twice a day as needed for stool softening •Acetaminophen (Tylenol®) 650 mg by mouth/feeding tube or suppository per rectum every 4 hours as needed for temperature greater than 100.5 or pain. •Enteric coated Aspirin (Ecotrin®) 325mg by mouth daily if no contraindications; OR Give Aspirin suppository 300 mg daily by rectum if patient has had nothing by mouth Order DVT prophylaxis after 24 hours if patient is nonambulatory. Warfarin(Coumadin®) for patients with atrial fibrillation unless contraindication <input type="checkbox"/> Warfarin (Coumadin®) _____ <input type="checkbox"/> PT/INR _____ <input type="checkbox"/> Contraindication _____	
4. IF systolic BP greater than 220mmHg and/or diastolic BP greater than 120mmHg for two or more readings 5-10 minutes apart -Aim for 10-15% reduction in BP <input type="checkbox"/> Labetalol (Normodyne®) 10mg intravenously over 1-2 minutes, may repeat every 10 minutes as needed x 3 (Total of 4 doses) If the Blood Pressure remains elevated above given parameters, call the Physician for further orders. Maximum dose of Labetalol(Normodyne®) 300mg/24 hours. Use only if pulse is greater than 60. <input type="checkbox"/> Enalapril Maleate (Vasotec®) 0.625 mg in 50mL of 5% Dextrose in Water or 0.9% Normal Chloride over 5 minutes. May repeat dose every 15 minutes as needed x 3 doses (Total of 4 doses). If the Blood Pressure remains elevated above given parameters, call the Physician for further orders. Monitor BP and Pulse every 15 minutes during antihypertensive medication administration for development of hypotension and bradycardia.	
5. <input type="checkbox"/> Speech therapist for screen/evaluation. Speech therapist to write orders for diet consistencies, altered diets and modified barium swallow as per their recommendation.	
6. Vital Signs and Neurochecks: Every 2 hours times 24 hours, then every 4 hours if stable. - NIH Stroke Scale on arrival to ED and then daily with a.m. assessment. - NOTIFY PHYSICIAN IMMEDIATELY if vital signs outside the following parameters or ANY change in neurological status: <ul style="list-style-type: none"> • Pulse greater than 120, or less than 50 • Respirations greater than 30 or less than 12 • Temperature greater than 100.5 • Oxygen Saturation less than 95% • Systolic Blood Pressure greater than 200 or less than 90 • Diastolic Blood Pressure greater than 110 or less than 60 - Orthostatic Blood Pressure - twice a day once patient is out of bed	

Physician/Date/Time:

DOCTORS ORDERS STROKE – TRANSIENT ISCHEMIC ATTACK - NO ALTEPLASE	CHECK OFF/ INITIALS
IF Systolic Blood Pressure less than or equal to 220 and/or diastolic Blood Pressure less than or equal to 120 – OBSERVE, DO NOT TREAT unless other end-organ involvement.	
7. If not done in ED: <ul style="list-style-type: none"> • STAT CT noncontrast of head • STAT labs: CBC, PT/INR, APTT, BMP, glucose (fingerstick okay), Type and Screen, CPK-MB, Troponin I • Start heparin lock in unaffected arm. 	
8. Nothing by mouth including medications until swallowing screen or evaluation by speech therapy or physician. Physicians to use the Thrombolytic Therapy Physician Documentation Tool. Physician to write for medical nutrition order.	
9. Neurology consult	
10. Activity as tolerated.	
11. Blood glucose by Accucheck every 6 hours if patient has had nothing by mouth; 4 times a day and at bedtime if oral intake. Notify physician if less than 80 or greater than 140.	
12. Intake and Output every shift	
13. Bilateral pneumatic compression devices to lower extremities. Discontinue when ambulating without assistance.	
14. Consult: <ul style="list-style-type: none"> • Stroke Care Manager □ Rehab Nurse Liaison • Dietitian for nutritional assessment and dietary risk factor modification education • Social Work □ Physical Therapy □ Occupational Therapy 	
15. Labs: <ul style="list-style-type: none"> Urinalysis BMP daily times 3 In AM, day one: Fasting lipid panel, liver function test, ESR, homocystine □ hemoglobin A1c 	
16. Foley catheter if needed	
17. Hemoccult stools x 3	
18. Weight on admission.	

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



WESTERN MARYLAND HEALTH SYSTEM

Physician Orders

NIH STROKE SCALE

DATE/TIME									
1a. Level of Consciousness 0 = Alert; 1 = Arousable by minor stimulation; 2 = Obtunded, needs strong stimulation to attend; 3 = unresponsive or reflex response only									
1b. LOC Questions 0 = Answers both; 1 = Answers one; 2 = Answers neither									
1c. LOC Commands 0 = Performs both tasks; 1 = Performs one task; 2 = Performs neither task									
2. Best Gaze 0 = Normal; 1 = Partial gaze palsy; 2 = Forced deviation or total gaze paresis									
3. Visual 0 = Normal; 1 = Partial hemianopia; 2 = Complete hemianopia; 3 = Blind									
4. Facial Palsy 0 = Normal; 1 = Minor paresis; 2 = Partial paralysis; 3 = Complete paralysis									
5a. Motor Arm- LEFT	0 = Normal; 1 = Drifts but maintains in air; 2 = Unable to maintain in air; 3 = moves but unable to lift against gravity; 4 = no movement; NA = unable to test								
5b. Motor Arm-RIGHT									
6a. Motor Leg- Left									
6b. Motor Leg- RIGHT									
7. Limb Ataxia 0 = Absent; 1 = Unilateral; 2 = Bilateral; NA = unable to test									
8. Sensory 0 = Normal; 1 = Mild-moderate loss; 2 = Severe or total loss									
9. Best Language 0 = Normal; 1 = Mild-moderate aphasia, some deficits apparent but able to communicate; 2 = Severe aphasia, fragmentary expression only, unable to communicate well; 3 = Global aphasia, mute and no comprehension									
10. Dysarthria 0 = Normal, 1 = Mild-moderate, slurs some words; 2 = Severe, speech mostly unintelligible; N/A = Unable to test(e.g. intubation)									
11. Extinction/Inattention 0 = Normal; 1 = Visual, tactile, auditory or other extinction to bilateral simultaneous stimulation but no severe neglect; 2 = Profound neglect in more than one modality.									
TOTAL NIH Score:									
Initials									



Initials: Signature: _____ Initials: _____ Signature: _____

Initials: Signature: _____ Initials: _____ Signature: _____

Initials: Signature: _____ Initials: _____ Signature: _____

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** _____

