WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

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

DOCTORS ORDERS **HEMORRHAGIC STROKE**	CHECK OFF/ INITIALS
1. **If Medication Reconciliation and/or Hemorrhagic Stroke order set incomplete, RN to contact physician.**	
2. **- Notify Neurosurgery immediately for readings outside the following parameters / Deterioration of Neurological Status:** Systolic Blood Pressure greater than ____________ or less than ________ Diastolic Blood Pressure greater than____________ or less than ________ Target Blood Pressure ____________________ • Pulse greater than 120 or less than 50 • Respirations greater than 24 • Temperature greater than 100.5° • MAP (Mean arterial pressure) less than 70 mmHg or greater than or equal to 130 mmHg • MAP (Mean arterial pressure) greater than 110 mmHg immediately post operatively • ICP (Intracranial Pressure) greater than or equal to 20 mmHg • CPP (Cerebral Perfusion Pressure) less than or equal to 70 mmHg	
☐ Arterial Line Monitoring ____ ☐ Intracranial Pressure Monitoring ____	
3. Intravenous access: **(avoid hypotonic fluids) ________________________________**	
4. **Additional Consults:**	
☐ Rehab Nurse Liaison ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapist (Bedside swallowing screen/evaluation only)	
5. **Diagnostics:**	
Non- contrast CT Scan of head day 2 ☐ CXR ☐ Cerebral Angiography	
☐ MRI of Head ☐ MRA of Head ☐ MRA of Carotids (neck)	
6. **Medications:** * **Elevated Blood Pressure Management** **-** If Systolic Blood Pressure is less than 180 mmHg and Diastolic Blood Pressure less than 105 mmHg **DEFER** antihypertensive therapy **- If Systolic Blood Pressure is 180 to 230 mmHg, Diastolic Blood Pressure 105 to 140 mmHg or mean arterial blood pressure is greater than or equal to 130 mmHg on 2 readings 20 minutes apart administer:** ☐ **If pulse greater than 60** Labetalol (Normodyne®) 10 mg Intravenous over 1-2 minutes, may repeat times 1 in 10 minutes ☐ **If pulse greater than 60** Labetalol (Normodyne®) 20 mg Intravenous over 1-2 minutes, may repeat times 1 in 10 minutes ☐ **If pulse greater than 60** may double the dosage of Labetalol (Normodyne®) Intravenous every 10 minutes to a maximum dose of 300 mg ☐ **If pulse greater than 60** Labetalol (Normodyne®) Continuous Intravenous drip at 2-8 mg/minute ☐ Enalapril (Vasotec®) 0.625 mg Intravenous every 6 hours as needed ☐ Enalapril (Vasotec®) 1.25 mg Intravenous every 6 hours as needed	

Physician/Date/Time:
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DOCTORS ORDERS HEMORRHAGIC STROKE	CHECK OFF/ INITIALS
- If Systolic Blood Pressure is greater than 230 mmHg or Diastolic Blood Pressure is greater than 140 mmHg on 2 readings 5 minutes apart: ☐ Nitroprusside (Nipride®) titrate from 0.5-10 mcg/Kg/minute Intravenous.	
*** Low Blood Pressure Management Unresponsive to Volume Replenishment** **- If Systolic Blood Pressure is less than 90 consider use of pressors** ☐ Phenylephrine (Neo-Synephrine®) titrate from 2-10 mcg/Kg/minute Intravenous ☐ Dopamine (Intropin®) titrate from 2-20 mcg/Kg/minute Intravenous ☐ Norepinephrine (Levophed®) titrate from 0.05 – 0.2 mcg/Kg/minute Intravenous *** Elevated Intracranial Pressure** ☐ Mannitol (Osmitrol®) 20% 0.25 gm/Kg Intravenous every 4 hours (recommended less than 5 days) ☐ Mannitol (Osmitrol®) 20% 0.5 gm/Kg Intravenous every 4 hours (recommended less than 5 days) ☐ Measure Serum Osmolality twice daily with target less than or equal to 310 mOsm/L ☐ Furosemide (Lasix®) 10 mg Intravenous every ____________________ hours ☐ Furosemide (Lasix®) Intravenous drip ______________________________________	
*** Other Medication Management** • Famotidine (Pepcid®) 20 mg every 12 hours by mouth/ feeding tube, may give Intravenous if no oral intake and feeding tube is not in place. • Docusate Sodium (Colace®) 100 mg 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 for temperature greater than 100.5° or pain	
7. ☐ **ADDITIONAL ORDERS FOR ANEURYSMAL SUBARACHNOID HEMORRHAGE:** • Change vital signs and neurochecks including Glasgow Coma Scale to every hour times 24 hours, then routine if stable. • Basic Metabolic Panel, Magnesium and Calcium daily for 10 days. ☐ Lumbar Puncture ☐ Nimodipine (Nimotop®) 60mg by mouth or feeding tube every 4 hours. ☐ Phenobarbitol 60mg 2 times per day by mouth or feeding tube ☐ Decadron (Dexamethasone®) 10mg Intravenous X 1, then 4 mg every 6 hours.	
8. Admit to ICU	
9. Neurosurgeon Consult	
10. **Monitoring: NEUROLOGICAL STATUS / VITAL SIGNS** - Vital Signs and Neuro checks including the Glasgow Coma Scale every 30 minutes times 6, then every hour if stable times 24 hours, then routine. **- NIH Stroke Scale** on arrival to ED and then daily with a.m. assessment.	
11. Continuous oxygen saturation; if less than 95%, begin Oxygen at 5L /minute and adjust to maintain saturation greater than or equal to 95%	
12. Continuous cardiac monitoring	

Physician/Date/Time:

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DOCTORS ORDERS HEMORRHAGIC STROKE	CHECK OFF/ INITIALS
13. **Diet:** Nothing by mouth, including medications until swallowing screen or evaluation by speech therapy or physician. Speech therapists to write orders for diet consistencies; altered diets and modified barium swallow per their recommendations. If physicians screen - MUST complete Thrombolytic Therapy Physician Documentation Tool.	
14. Blood glucose by accucheck every 6 hours if taking nothing by mouth; Accucheck four times a day before meals and at bedtime if taking anything by mouth. Notify physician if less than 80 or greater than 140.	
15. Intake and Output hourly	
16. Foley Catheter, if needed	
17. Weight on admission.	
18. **Activity:** Strict Bedrest with head of bed elevated 30 degrees unless contraindicated Elevate head of bed 45 degrees with tube feeding	
19. Seizure precautions	
20. Place bilateral pneumatic compression devices to the lower extremities. Discontinue when ambulating without assistance.	
21. Initiate Stroke Patient / Family Education (Life After A Stroke Booklet)	
22. **Consults:**	
• Stroke Care Manager	
• Social Work	
• Dietician for nutritional assessment	
23. **Labs:** Basic Metabolic Panel, Magnesium and Calcium Daily x 5 days	

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

Patient Identification

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
- ☐ 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)

☐ Other identified contraindication/reasons/comments (please list)

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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®) Clopridogrel (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 intak**e**

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**_______________________________