

Directions: 1. Indicate choice when options are available by placing a check in the box   
 2. Mark through entire line any prechecked item you **do not** wish to order  ~~mark through~~

Attending Physician: \_\_\_\_\_ Diagnosis: Stroke/CVA  
 Observation Status  Admission for Inpatient Care  Admit or transfer to: \_\_\_\_\_ Unit

**ALLERGIES:**  NKA **ALLERGIC to:** \_\_\_\_\_

Duration of symptoms: \_\_\_\_\_ hours  
 Date/time of last known without deficit: \_\_\_\_\_

**VITAL SIGNS:**

- Vital signs every \_\_\_ 1 or \_\_\_ 2 hours (if receiving **Tissue plasminogen activator (tPA)** refer to CHH 1283)
- Neuro checks every \_\_\_ 1 or \_\_\_ 2 hour(s) (if receiving **Tissue plasminogen activator (tPA)** see CHH 1283)
- Blood Pressure: Notify physician for systolic BP greater than \_\_\_\_\_ systolic BP less than \_\_\_\_\_
- Blood Pressure: Notify physician for diastolic BP greater than \_\_\_\_\_ diastolic BP less than \_\_\_\_\_

**ACTIVITY:**

- Complete bed rest  Up to chair with assist
- Elevate head of bed 30 degrees  Up to bathroom with assist
- Turn and position every 2 hours and PRN

**DIET:**

- NPO until bedside swallow assessment completed and passed; THEN
- If Bedside swallowing assessment passed, may give crushed meds with applesauce/pudding or level II/III Thickened Liquids with supervision pending further instructions by physician and recommendations from Speech Therapy
- Clear liquids
- Full liquids
- Pureed
- Therapeutic Diet No added salt/low cholesterol
- Thick # \_\_\_\_\_ liquids
- ADA: \_\_\_\_\_
- Mechanical soft with chopped meats and vegetables

**IV SOLUTIONS:**

- Sodium Chloride 0.9% IV infuse at \_\_\_\_\_ ml/hour (prefer IV site to unaffected arm)
- Other: \_\_\_\_\_
- Saline lock

**MEDICATIONS: NO PO medications until patient passes the bedside swallow assessment**

- Do not administer **heparin**, low molecular weight **heparin**, **Warfarin** or anti-platelet agent (example: **Aspirin**) for 24 hour after start of **TPA**
- Aspirin** 300 mg per rectum daily; indication: acute stroke
- Aspirin** 81 mg PO daily; indication: acute stroke
- Aspirin** 325 mg PO daily; indication: acute stroke
- Clopidogrel (Plavix)** 75 mg PO daily; indication: acute stroke
- Extended-Release Dipyridamole (Aggrenox)** 25/100 mg PO BID; indication: acute stroke

**Venous Thromboembolism Prophylaxis:**

Do NOT administer **enoxaparin** or **heparin** until after baseline laboratory results available  
 If the patient's creatinine clearance is less than 30 ml/minute, **heparin** is a safer alternative

- Enoxaparin (Lovenox)** 40 mg subcutaneously daily
- Heparin** 5000 units subcutaneously every \_\_\_\_\_ 8 hours \_\_\_\_\_ 12 hours

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**PATIENT CARE:**

Note: If receiving Tissue plasminogen activator (tPA) follow CHH # 1283 for repeating NIH Stroke Score

- Repeat NIH Stroke Score on day 2
- Repeat NIH Stroke Score on day 4
- Complete bedside swallow assessment if not completed earlier
- Remote telemetry monitoring for 24 hours
- Sequential compression device(s) to \_\_\_\_\_ both lower extremities: \_\_\_\_\_ right leg \_\_\_\_\_ left leg
- Stroke education
- Smoking cessation education if warranted

**LABORATORY: Do not repeat studies performed in Emergency Department (ED)**

- CBC on admission
- CCP (complete chemistry profile)
- Urinalysis
- PT/INR
- aPTT; indication: stroke
- Stroke panel
- Lipid Panel
- Hemoglobin A1C; indication: acute stroke

**RADIOLOGY: Do not repeat studies performed in the Emergency Department (ED)**

- Port chest, indication: aspiration
- Chest PA Lat, indication: aspiration
- MRI brain w/ & w/o contrast with diffusion; indication: acute stroke
- MRA head w/ & w/o contrast; indication: acute stroke
- MRA neck w/contrast; indication: acute stroke
- CT head; indication: acute stroke
- CTA head; indication: acute stroke
- Transcranial Doppler; indication: PFO
- Transcranial Doppler; indication: assess for cerebral vaso-constriction

**CARDIOLOGY: Do not repeat studies performed in the Emergency Department (ED)**

- EKG within 1 hour of arrival; indication: acute stroke
- 2D Echocardiogram, indication: vascular disease or thrombus
- TEE, indication: vascular disease or thrombus or PFO

**RESPIRATORY:**

- Continuous pulse oximetry x 3 days
- Oxygen titration protocol to maintain saturation greater than or equal to 95%; indication: \_\_\_\_\_

**CONSULTS:**

- Consult Neurology; indication: acute stroke, consult Dr. \_\_\_\_\_ (if not notified in ED)
- Consult Dietician; indication: acute stroke
- Consult Social Work; indication: discharge planning
- Consult Rehab Services: PT/OT/Speech; indication: acute stroke. Initial evaluation of bedside swallow assessment to be done within 24 hours

Physician \_\_\_\_\_ Pager \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_  
 Verbal Order Verification Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

**\*\*SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY\*\***