

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: \_\_\_\_\_

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

**VITAL SIGNS:**

- Vital signs every 15 minutes x 4; THEN
- Vital signs every 1 hour
- Neurological checks with vital signs
- Blood pressure management protocols (with and without thrombolytics)

**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

**IV SOLUTIONS: Note: Prefer IV Site in unaffected arm**

- Sodium Chloride 0.9% IV infuse at \_\_\_\_\_ ml/hour
- Establish IV access with 2 lines using 18 gauge catheter (if possible) for 1 line
- Saline lock

**PATIENT CARE:**

- Complete NIH stroke assessment prior to thrombolytic infusion (**CHH #1282 Stroke Scale**)
- Complete nursing bedside swallow assessment
- Cardiac monitor
- Fingertick blood glucose STAT
- Complete **CHH # 1281 Eligibility for IV/IA tPA questionnaire**

**LABORATORY:**

- Stroke panel STAT (CBC, CCP, PT/INR, aPTT)
- Other: \_\_\_\_\_

**RADIOLOGY:**

- CT angiography head neck (CTA) w/+w/o contrast if stroke or TIA (if no contraindications, such as contrast allergy or renal failure)
- CT head/brain w/o contrast (if contraindications to CTA, such as contrast dye allergy or renal failure)

**CARDIOLOGY:**

- EKG 12 lead STAT; indication: stroke

**RESPIRATORY:**

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

**CONSULTS:**

- Consult Neurology, indication: acute stroke, consult Dr. \_\_\_\_\_
- Other consult: \_\_\_\_\_; indication: \_\_\_\_\_, consult Dr. \_\_\_\_\_

Physician _____	Pager _____	Date ____/____/____	Time: _____
<input type="checkbox"/> Verbal Order Verification Signature _____		Date ____/____/____	Time: _____