

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital Signs	STAT, Once For 1 Occurrences
---	------------------------------

Nursing

<input checked="" type="checkbox"/> Place on transport monitor	STAT, Until discontinued, Starting S
<input checked="" type="checkbox"/> NIH Stroke Scale	STAT, Once For 1 Occurrences
<input checked="" type="checkbox"/> Neurological assessment	STAT, Once For 1 Occurrences Assessment to Perform: Glasgow Coma Scale, Level of Consciousness, Pupils
<input checked="" type="checkbox"/> Draw labs PRIOR to CT if it will not delay procedure	STAT, Once For 1 Occurrences
<input checked="" type="checkbox"/> Dysphagia screen	STAT, Once No oral medications or nutrition until dysphagia screen is Passed
<input checked="" type="checkbox"/> No oral medications or nutrition until dysphagia screen is Passed	STAT, Once For 1 Occurrences

Notify

<input checked="" type="checkbox"/> Stroke coordinator tracking	Routine, Until discontinued, Starting S This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing.
---	---

Labs

Labs

<input type="checkbox"/> CBC and differential	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours	Now and repeat 2x every 3 hours For 3 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Lipid panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Bedside glucose	STAT, Once Perform prior to CT.

Imaging

CT

<input checked="" type="checkbox"/> CT Stroke Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 If meets stroke protocol criteria, do Immediately on arrival to ER
<input checked="" type="checkbox"/> CTA Head W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Follow ELVO Protocol
<input checked="" type="checkbox"/> CTA Neck W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Neuro deficit < 24 hours
<input type="checkbox"/> CT Brain Perfusion w/recon	STAT, 1 time imaging, Starting S at 1:00 AM For 1

MRI/MRA

<input type="checkbox"/> MRI Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Brain W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Perfusion Brain MRI
<input type="checkbox"/> MRA Head Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1

<input type="checkbox"/> MRA Neck Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Brain Venogram	STAT, 1 time imaging, Starting S at 1:00 AM For 1

X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/> Cervical Spine Complete	STAT, 1 time imaging, Starting S at 1:00 AM For 1

Respiratory

Respiratory

<input checked="" type="checkbox"/> Oxygen therapy	STAT, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Indications for O2 therapy: Respiratory distress Device 2: Device 3: Indications for O2 therapy:
--	---

Consults

For Physician Consult orders use sidebar

Consults

<input type="checkbox"/> Consult Neurology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
--	---