

Ischemic Stroke Orders [1443]

For patient safety please ensure swallowing screening is ordered and performed prior to initiation of oral medication and/or intake.

Nursing

Vital Signs (Single Response)

Vital Signs Q4H Routine, Every 4 hours

Activity

- Strict bed rest Routine, Until discontinued, Starting S
Turn every 2 hours.
- Bed rest with bathroom privileges Routine, Until discontinued, Starting S
Bathroom Privileges: with bathroom privileges
- Ambulate with assistance Routine, 3 times daily
Specify: with assistance
- Up in chair, Up with assistance Routine, Until discontinued, Starting S
Specify: Up in chair, Up with assistance
Additional modifier:
- Out of bed, Up in chair for meals Routine, Until discontinued, Starting S
Specify: Out of bed, Up in chair
Additional modifier: for meals
- Activity as tolerated Routine, Until discontinued, Starting S
Specify: Activity as tolerated

Nursing

- NIH Stroke Scale Routine, Once
Perform on Admission
- NIH Stroke Scale Routine, Once
Perform every shift.
- NIH Stroke Scale Routine, Once
Perform on day of discharge.
- Dysphagia screen Routine, Once For 1 Occurrences
On admission with Dysphagia Screening tool. If screen is failed, keep patient NPO and contact physician for consult to speech language therapy for bedside swallow eval.
- Provide ischemic stroke education Routine, Once
Ischemic Stroke Patient Education
- Provide risk factor education for ischemic strokes from FHIR Routine, Once
Provide risk factor education for ischemic strokes from FHIR
- Telemetry **"And" Linked Panel**
- Telemetry monitoring Routine, Continuous For 3 Days
Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
Reason for telemetry:
Can be off of Telemetry for tests and baths? Yes
- Telemetry Additional Setup Information Routine, Continuous
High Heart Rate (BPM): 120
Low Heart Rate(BPM): 50
High PVC's (per minute): 10
High SBP(mmHg): 175
Low SBP(mmHg): 100
High DBP(mmHg): 95
Low DBP(mmHg): 40
Low Mean BP: 60
High Mean BP: 120
Low SPO2(%): 94
- Height and weight Routine, Once For 1 Occurrences
Obtain height, measure and record weight (not stated weight) on admission.

<input type="checkbox"/>	Intake and output for 48 hours	Routine, Every shift For 48 Hours For 48 hours, then discontinue
<input type="checkbox"/>	Intake and output	Routine, Every shift
<input type="checkbox"/>	Neurological assessment	Routine, Every 4 hours Assessment to Perform:
<input type="checkbox"/>	Hold PT/OT	Routine, Until discontinued, Starting S If Systolic BP greater than *** or Diastolic BP greater than ***.
<input checked="" type="checkbox"/>	Patient position: elevate weak side	Routine, Until discontinued, Starting S Position: Additional instructions: elevate extremity Extremity: Elevate patient's weak side.
<input checked="" type="checkbox"/>	Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees
<input checked="" type="checkbox"/>	Limb precautions: No BP, injection, venipuncture on weak arm	Location: Precaution: No venipuncture, No blood pressure, No injections On weak arm
<input type="checkbox"/>	Insert nasogastric feeding tube	Routine, Once Complete tube feeding order form. Nasogastric feeding tube for medications only.
<input type="checkbox"/>	Tobacco cessation education	Routine, Once
<input type="checkbox"/>	Oral care	Routine, 2 times daily

Stroke Coordinator Tracking

<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.
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Notify

<input type="checkbox"/>	Notify Physician	Routine, Until discontinued, Starting S, If Systolic BP GREATER than *** bpm or Diastolic BP GREATER than *** bpm
<input type="checkbox"/>	Notify Physician (Specify)	Routine, Until discontinued, Starting S, If Systolic BP LESS than *** bpm or Diastolic BP LESS than *** bpm
<input checked="" type="checkbox"/>	Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C)	Routine, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)
<input type="checkbox"/>	Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2	Routine, Until discontinued, Starting S, Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2

Urinary Incontinence

<input type="checkbox"/>	Insert and maintain Foley	
<input type="checkbox"/>	Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/>	Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain To bedside drainage.
<input type="checkbox"/>	Apply condom catheter	Routine, Once
<input type="checkbox"/>	External female catheter	Routine, Until discontinued, Starting S

Diet

<input type="checkbox"/>	NPO except ice chips for 24 hours	Diet effective now, Starting S For 24 Hours NPO: Except Ice chips Pre-Operative fasting options: With supervision only for aspiration precautions., An NPO order without explicit exceptions means nothing can be given orally to the patient.
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<input type="checkbox"/> Diet - Dysphagia	Diet effective now, Starting S Diet(s): Dysphagia IDDSI Solid Consistency: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Diabetic	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Low Fat, 2 GM Sodium	Diet effective now, Starting S Diet(s): Low Fat, 2 GM Sodium Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:

IV Fluids

IV Fluids (Single Response)

sodium chloride 0.9 % infusion intravenous, continuous

Medications

Pharmacy Consult(s)

Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses STAT, Until discontinued, Starting S
Heparin Indication:
Specify:
Monitoring: Anti-Xa

Medications - Aspirin (Single Response)

<input checked="" type="checkbox"/> aspirin 325 mg oral tablet or 300 mg rectal suppository	"Or" Linked Panel
<input checked="" type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, daily
<input checked="" type="checkbox"/> aspirin tablet	325 mg, feeding tube, daily Administer if patient has feeding tube
<input checked="" type="checkbox"/> aspirin suppository	300 mg, rectal, daily Administer suppository if patient unable to take oral tablet
<input type="checkbox"/> aspirin 81 mg oral tablet or 300 mg rectal suppository	"Or" Linked Panel
<input type="checkbox"/> aspirin chewable tablet	81 mg, oral, daily
<input type="checkbox"/> aspirin chewable tablet	81 mg, feeding tube, daily Administer if patient has feeding tube
<input type="checkbox"/> aspirin suppository	300 mg, rectal, daily Administer suppository if patient unable to take oral tablet.

Anti-platelet

<input type="checkbox"/> clopidogrel (PLAVIX) tablet 300 mg once	"Or" Linked Panel
<input type="checkbox"/> clopidogreL (PLAVIX) tablet	300 mg, oral, once, For 1 Doses
<input type="checkbox"/> clopidogreL (PLAVIX) tablet	300 mg, feeding tube, once, For 1 Doses Administer if patient has feeding tube
<input type="checkbox"/> clopidogrel (PLAVIX) tablet 75 mg daily	"Or" Linked Panel
<input type="checkbox"/> clopidogreL (PLAVIX) tablet	75 mg, oral, daily
<input type="checkbox"/> clopidogreL (PLAVIX) tablet	75 mg, feeding tube, daily Administer if patient has feeding tube

Hypertensive Urgency - PRN Orders

<input checked="" type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure PRN Systolic Blood Pressure GREATER than *** mmHg and/or Diastolic Blood Pressure GREATER than *** mmHg Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.
<input checked="" type="checkbox"/> hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure PRN Systolic Blood Pressure GREATER than *** mmHg and/or Diastolic Blood Pressure GREATER than *** mmHg Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: Contact Physician if:

Antihyperlipidemics (Single Response)

<input type="checkbox"/> atorvastatin (LIPITOR) tablet 40 mg or 80 mg nightly (Single Response) (Selection Required)	
<input type="checkbox"/> atorvastatin (LIPITOR) tablet 40 mg nightly	"Or" Linked Panel
<input type="checkbox"/> atorvastatin (LIPITOR) tablet	40 mg, oral, nightly
<input type="checkbox"/> atorvastatin (LIPITOR) tablet	40 mg, feeding tube, nightly Administer if patient has feeding tube
<input type="checkbox"/> atorvastatin (LIPITOR) tablet 80 mg nightly	"Or" Linked Panel
<input type="checkbox"/> atorvastatin (LIPITOR) tablet	80 mg, oral, nightly
<input type="checkbox"/> atorvastatin (LIPITOR) tablet	80 mg, feeding tube, nightly Administer if patient has feeding tube
<input type="checkbox"/> rosuvastatin (CRESTOR) tablet 20 mg nightly	"Or" Linked Panel
<input type="checkbox"/> rosuvastatin (CRESTOR) tablet	20 mg, oral, nightly
<input type="checkbox"/> rosuvastatin (CRESTOR) tablet	20 mg, feeding tube, nightly Administer if patient has feeding tube

Labs

Labs Today - Panels

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> GGT	Once
<input type="checkbox"/> Hepatic function panel	Once
<input checked="" type="checkbox"/> Lipid panel	Once
<input checked="" type="checkbox"/> Hemoglobin A1c	Once
<input type="checkbox"/> Lupus anticoagulant panel	Once
<input type="checkbox"/> Urine drugs of abuse screen	Once

Labs Routine

<input type="checkbox"/> CBC with differential	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Basic metabolic panel	Once

<input type="checkbox"/> Bedside glucose	Routine, Every 4 hours If patient is receiving continuous enteral tube feedings, TPN, or NPO. Notify MD for blood glucose less than 70 or greater than 180.
<input type="checkbox"/> Vitamin B12	Once
<input type="checkbox"/> Folate	Once
<input type="checkbox"/> Sedimentation rate	Once
<input type="checkbox"/> Antinuclear antibodies (ANA) with reflex to titer and pattern, immunofluorescence	Once
<input type="checkbox"/> Cardiolipin antibody	Once
<input type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> Hemoglobinopathy evaluation	Once
<input type="checkbox"/> Prothrombin gene mutation	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Troponin T	Once
<input type="checkbox"/> HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> POC occult blood stool	Daily If anticoagulated.
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

Labs AM

<input type="checkbox"/> CBC and differential	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> Lipid panel	AM draw, Starting S+1 For 1 Occurrences

Labs AM Repeat

<input type="checkbox"/> CBC and differential	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Lipid panel	AM draw repeats, Starting S+1 For 3 Occurrences

Microbiology

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Cardiology

Cardiology

<input checked="" type="checkbox"/> Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Other: Other: Altered Mental Status Interpreting Physician:
<input type="checkbox"/> CV Holter monitor 24 hour	Routine, Once

Imaging

Select CT if Imaging Procedure will be performed After Hours

MRI/MRA

Place CT Orders instead of MRI/MRA if order is needed AFTER HOURS.

<input checked="" type="checkbox"/> MRI Stroke Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<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
<input type="checkbox"/> MR POST THROMBOLYTIC BRAIN wo contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Perform between 22 and 26 hours AFTER thrombolytic infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic infusion was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

Neuro IR

<input type="checkbox"/> IR Angiogram Cerebral	Routine What is the expected date for Procedure? Is the patient pregnant? What is the patient's sedation requirements? Physician contact number: Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
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CT

<input type="checkbox"/> CT Stroke Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 For neurologic worsening greater than 2 points NIH Stroke Scale
<input type="checkbox"/> CTA Stroke Head W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CTA Stroke Neck W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT POST THROMBOLYTIC Brain wo contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Perform between 22 and 26 hours AFTER thrombolytic infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic infusion was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

X-Ray

<input type="checkbox"/> Chest Stroke 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

US

<input type="checkbox"/> PV carotid duplex bilateral	Routine, 1 time imaging, Starting S at 1:00 AM Include vertebral.
<input type="checkbox"/> PV Transcranial Doppler intracranial arteries complete	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/> Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/> Echocardiogram transesophageal	Routine, 1 time imaging, Starting S at 1:00 AM NPO 6 hours prior to exam

Echo TEE and Cardiology Consult (For hospitals that require Cardiology consult when ordering TEE)
(Selection Required)

Consult Cardiology

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?

Echocardiogram transesophageal

Routine, 1 time imaging, Starting S at 1:00 AM
NPO 6 hours prior to exam

Other Studies

Other Diagnostic Studies

EEG (routine)

Routine, Once
Clinical Indication:
Testing Location:
Testing Duration:

Continuous EEG monitoring

Routine, Daily imaging For 7 Days, For 7 Days
Clinical Indication:
Testing Location:
Record Video? Yes

Respiratory

Respiratory

Pulse oximetry check

Routine, Daily
Current FIO2 or Room Air:

Pulse oximetry

Routine, Every 4 hours
Current FIO2 or Room Air:

Pulse oximetry

Routine, Continuous
Current FIO2 or Room Air:
If O2 sat is less than 94%.

Consults

For Physician Consult orders use sidebar

Physician Consults

Consult Physical Medicine Rehab

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?

Consult Neurology

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?

Consults

Consult to Social Work

Reason for Consult: Discharge Planning

Consult to PT eval and treat

Reasons for referral to Physical Therapy (mark all applicable):
New functional deficits, not expected to spontaneously recover with medical modalities, Other
Specify: Stroke
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status:
Mobility, DMD, Safety education.

<input checked="" type="checkbox"/> Consult OT Eval and Teat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming),Other Specify: Stroke Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: ADL, DME, Safety education
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input checked="" type="checkbox"/> Consult to Speech Language	Routine, Once Consult Reason: Dysphagia,Dysarthria,Other specify Specify: Stroke
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?
<input type="checkbox"/> Music Therapy/Art therapy consult - eval & treat	Routine Request Date: Therapy Requested: Please Indicate REASONFOR REFERRAL (check all that apply):

Consults

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Discharge Planning
<input checked="" type="checkbox"/> Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): New functional deficits, not expected to spontaneously recover with medical modalities,Other Specify: Stroke Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Mobility, DMD, Safety education.
<input checked="" type="checkbox"/> Consult OT Eval and Teat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming),Other Specify: Stroke Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: ADL, DME, Safety education
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input checked="" type="checkbox"/> Consult to Speech Language	Routine, Once Consult Reason: Dysphagia,Dysarthria,Other specify Specify: Stroke
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?