

Stroke Post-Thrombolytic Monitoring Orders (Transfer from Outside Facility) [1193]

Nursing

Vital Signs (Selection Required)

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	STAT, Per unit protocol Per protocol, every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST thrombolytic administration. For Temp, check every 4 hours.
<input checked="" type="checkbox"/> HM Stroke Change Scale (HMSCS)	STAT, Every 15 min, Perform NIH Stroke Scale if/when an increase of 2 or more points in the HM Stroke Change Scale and notify provider. , Every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST thrombolytic administration.

Activity (Single Response)

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges

Nursing

<input checked="" type="checkbox"/> NIH Stroke Scale	STAT, Now then every 24 hours After thrombolytic administration and 24 hours after administration.
<input checked="" type="checkbox"/> NIH Stroke Scale	Routine, As needed, Starting S Perform NIH Stroke Scale for any neurologic deterioration
<input checked="" type="checkbox"/> No NSAIDs INcluding aspirin	STAT, Until discontinued, Starting S For 24 Hours Reason for "No" order: Contraindicated with thrombolytic administration
<input checked="" type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	STAT, Until discontinued, Starting S For 24 Hours Reason for "No" order: Contraindicated for thrombolytic administration
<input checked="" type="checkbox"/> No anti-platelet agents INcluding aspirin	STAT, Until discontinued, Starting S For 24 Hours Reason for "No" order: Contraindicated for thrombolytic administration
<input checked="" type="checkbox"/> Post Thrombolytic: Maintain blood pressure and Notify Physician for Vitals (Selection Required)	"And" Linked Panel
<input checked="" type="checkbox"/> Post Thrombolytic: Maintain blood pressure	Systolic greater than or equal to (mmHg): Systolic less than or equal to (mmHg): 180 Diastolic greater than or equal to (mmHg): Diastolic less than or equal to (mmHg): 105 MAP Range (mmHg):
<input checked="" type="checkbox"/> Notify Physician for vitals:	STAT, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than: 94
<input checked="" type="checkbox"/> Avoid punctures, ABG, NGT, Central Lines, Foley Catheters or other invasive procedures for 24 hours post thrombolytic unless essential	STAT, Until discontinued, Starting S For 24 Hours
<input checked="" type="checkbox"/> Nurse to accompany patient for all transport for first 24 hours	STAT, Until discontinued, Starting S For 24 Hours
<input checked="" type="checkbox"/> No PT or OT for 12 hours post thrombolytic administration	STAT, Until discontinued, Starting S

<input checked="" type="checkbox"/> Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding	STAT, Until discontinued, Starting S Careful monitoring of puncture sites once fibrinolytic action begins.
<input checked="" type="checkbox"/> No IM injections for 24 hours post thrombolytic administration	STAT, Until discontinued, Starting S
<input checked="" type="checkbox"/> Apply pressure	STAT, Once Specify location: Site of oozing, bleeding, or bruising If oozing, bleeding, or bruising occurs, apply digital pressure until hemostasis is achieved and notify the ordering physician.
<input checked="" type="checkbox"/> Place sequential compression device	"And" Linked Panel
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

Finger Stick Blood Glucose (FSBG) Monitoring

<input type="checkbox"/> Bedside glucose	Routine, Every 4 hours Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl
<input type="checkbox"/> Bedside glucose	Routine, Every 6 hours Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl

Notify

<input checked="" type="checkbox"/> Notify Physician for intracerebral hemorrhage, internal bleeding, facial edema, or allergic reaction is suspected (e.g., neurologic status worsens greater than 2 points on NIHSS scale or severe headache develops)	STAT, Until discontinued, Starting S
<input checked="" type="checkbox"/> Notify responsible provider if IV access is urgently needed	STAT, Until discontinued, Starting S

Medications

Hypertensive Urgency - PRN (Post thrombolytic)

<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, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg To be administered AFTER thrombolytic has been administered. Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM. BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:
<input 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, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg To be administered AFTER thrombolytic has been administered. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:

Hypertensive Urgency - niCARDipine (CARDENE) IV infusion

<input checked="" type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
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Labs

Type and Screen

<input type="checkbox"/> Type and screen	STAT For 1 Occurrences
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Imaging

CT - STAT

<input type="checkbox"/> CT Stroke Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Stroke Brain Wo Contrast	STAT, Conditional Frequency For 1 If acute deterioration in neurological condition worsens post thrombolytic administration
<input type="checkbox"/> CTA Stroke Head W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Neuro deficit < 24 hours
<input type="checkbox"/> CTA Stroke Neck W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1

CT OR MRI - To be performed between 22 and 26 hours AFTER thrombolytic administration and PRIOR to starting antiplatelets or anticoagulants (Single Response)

Select CT if imaging procedure will be performed during after hours

<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 administration and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic administration was completed and schedule CT Head Wo Contrast between 22 and 26 hours after this time.
<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 administration and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic administration was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

Respiratory

Respiratory Therapy

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

For Physician Consult orders use sidebar

Physician Consults

<input checked="" type="checkbox"/> Consult Neurology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

Consults

<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Dysphagia, Dysarthria Reason for SLP? If for dysphagia, may not assess the patient until at least 2 hours past the completion of the tenecteplase (thrombolytic) administration.
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[X] Consult to PT eval and treat

Reasons for referral to Physical Therapy (mark all applicable):

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:

[X] Consult to OT eval and treat

Reason for referral to Occupational Therapy (mark all that apply): 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: