

DATE	TIME AM PM	DOCTOR-PLEASE MARK INDIVIDUAL PATIENT ORDERS, INCLUDE DATE AND TIME. WRITE FIRMLY.
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ADMISSION ORDERS FOR STROKE / TIA

Admission Status: _____ **Inpatient** _____ **Outpatient**
Admit to: _____ **Cardiac Monitor**
Probable Diagnosis: _____ Hemorrhage _____ Infarct _____ TIA
Code Status: _____ Full Code _____ No or Limited Code
Co-morbid conditions: _____ HTN _____ DM _____ CHF _____ MI _____ Afib
_____ Hyperlipidemia _____ PVD _____ Cardiomyopathy _____ Smoker
Prior History: _____ TIA _____ STROKE _____ Aneurysm
Attending Physician: _____ **Consult:** _____

ALLERGIES _____

DIET:

_____ NPO until cleared by bedside swallow study then advance as tolerated.
Notify MD if patient still NPO after 24 hours from admission as patient may need tube feeding.

IV:

_____ Saline lock or IV _____ at _____ ml/hr
(Note: **Avoid** using paralyzed arm. **Avoid** hypotonic solutions)

LAB:

_____ In am, **fasting lipid panel and glucose**

Other Lab: _____

X-RAY / DIAGNOSTICS:

_____ **STAT NON-CONTRAST CAT SCAN BRAIN** for any acute neurological deterioration or acute hypertension, and **NOTIFY ATTENDING PHYSICIAN IMMEDIATELY.**

- _____ MRI Brain
- _____ Carotid Duplex studies
- _____ Cardiac Echo
- _____ MRA Brain

VITAL SIGNS:

_____ Monitor blood pressure and pulse every 4 hours X 24 hrs, then routine
_____ **Neurological observation every 2 hours for 12 hours, then every shift**
⑥ LOC
⑥ “FAST” = Face and Arm symmetry, Speech, Time
_____ Temperature every 4 hours X 24 hrs, then routine. **If temp >99° F give acetaminophen** (order on pg. 2)

If STROKE/TIA IS FLUCTUATING OR PROGRESSING, Notify Physician and

Monitor BP at least every 30 min. until stabilized, then as above.

Monitor Neurological status at least every 30 min. until stabilized, then as above.

Patient Sticker

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ACTIVITY:

- HOB ↑ 30 degrees -- (After eating, keep HOB ↑ 90° for one hour)**
- Bedrest with bathroom privileges as able
- Up with assist
- Activity as tolerated
- Turn patient every 2 hours if patient weak or decreased level of consciousness

CONSULTS:

- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Pastoral Care
- Dietary

TREATMENTS:

- O₂ Protocol. Keep O₂ saturation > 95%.
- Avoid foley catheter unless there is significant risk of skin breakdown, and/or decreased arousal.
Consider texas catheter.
- If patient immobile, pneumatic TEDS
- Add cooling blanket if needed to keep temperature < 99° F**
- Fingertstick blood glucose. **Try to keep blood glucose approximately 100.** (see sliding scale below)
 - Ⓜ If NPO, check every 6 hours
 - Ⓜ If taking po, check before meals and at bedtime (if not diabetic, check until 4 readings are <100, then DC).

MEDICATIONS:

- Famotidine (Pepcid) 10mg PO every 12 hours or may give IV if patient is NPO.
- Heparin 5000 Units subcutaneous every 12 hours**
- Lovenox 40mg subcutaneous every 24 hours**
- Aspirin 325mg po/PR once daily (if CAT Scan negative for hemorrhage)**
- Acetaminophen (Tylenol) 650mg po/PR every 4 hours for temperature > 99°F orally**
- Laxative of Choice _____
- Insulin sliding scale prn to **keep blood glucose approximately 100.**
 - _____ units regular insulin subcutaneous for BG ≥ _____
 - _____ units regular insulin subcutaneous for BG ≥ _____
 - _____ units regular insulin subcutaneous for BG ≥ _____
 - _____ units regular insulin subcutaneous for BG ≥ _____

_____ MD Signature

Patient Sticker