|  |
| --- |
| **HEMORRHAGIC STROKE ADMISSION ORDERS** |

***Physician to check appropriate boxes. These orders are not implemented until signed by physician.***

***=Best practice. Physician must cross out pre-checked order if not desired.***

***\*CMS STROKE CORE MEASURE***

**1. Admit to:**

**2. Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. PMH:  Hypertension  Hyperlipidemia  Diabetes  Atrial Fib.  Smoking**

**5. Condition:  Guarded  Critical  Serious  Stable**

**6. Nursing:  Vital Signs (HR, BP, Sp02, RR) every 4 hours at minimum**

**Neuro Checks every 4 hours at minimum**

**NIHSS on arrival from ED and every shift (together with oncoming/off going RN)**

**Notify provider for NIHSS increase of 4 points or more**

**Supplemental oxygen to maintain Sp02 greater than 94%**

**Place on telemetry**

**EKG**

**Head of bed 30 degrees**

**Fingerstick blood glucose ac and hs. Call if over 180mg/dL or less than 60mg/dL to receive treatment instructions**

**Seizure precautions**

**Stroke Education\* on patient’s stroke risks, stroke signs, use of 9-1-1, medications and follow-up appointments.**

**Tobacco Cessation**

**7. Activity:**

**Activity as tolerated**

**Bedrest**

**8. Diet:**

**Dysphagia screen prior to any oral intake**

**Advance diet as tolerated after passing dysphagia screen**

**NPO**

**Aspiration precautions**

**9. VTE prophylaxis\*:**

**Intermittent pneumatic compression devices to bilateral legs**

**Contraindication to VTE prophylaxis. Reason:**

**10. Blood Pressure Management:**

**Maintain BP less than 140/90.**

**Consult with neurology/neurosurgery for patient specific BP parameter recommendations.**

**Notify provider if unable to achieve BP goal with PRN antihypertensives.**

**Nitrates are not advised for stroke BP management**

|  |  |  |
| --- | --- | --- |
|  | Labetalol  (NORMODYNE®, TRANDATE®) | First line therapy:  10 mg IV over 2 minutes  PRN SBP >140, DBP>90 (on 2 or more consecutive BP checks at least 10 minutes apart) with HR greater than 60 bpm.  May repeat and/or increase to 20 mg every 10 minutes.  If BP uncontrolled after 2 doses or 20 minutes, consider continuous infusion options below. |
|  | Nicardipine (CARDENE®) infusion  2.5-15 mg/hour continuous IV infusion | 5 mg/hour initial dose  Titrate to desired effect by increasing 2.5 mg/hour every 5 minutes to a maximum of 15 mg/hour. |
|  | Clevidipine (Cleviprex®) infusion  1-2 mg/hour continuous IV infusion | 1-2 mg/hour,  Titrate to desired effect by doubling dose every 2-5 minutes to a maximum of 21 mg/hour. |
|  | Nitroprusside (NIPRIDE®) infusion  0.1-10 mcg/kg/min continuous IV infusion | 0.1 mcg/kg/minute initial dose  Titrate to desired effect by increasing 0.5 mcg/kg/minute every 5 minutes to a maximum of 10 mcg/kg/minute |
|  | Hydralazine  (APRESOLINE®) | Alternative first line therapy if HR less than 60 bpm:  20 mg IV over 2 minutes PRN SBP>140, DBP>90 (on 2 or more consecutive BP checks at least 10 minutes apart).  If BP remains elevated after one dose or 20 minutes, consider continuous infusion options above. |

**11. Other:**

**Acetaminophen 650 mg PO/pPR every 4 hours PRN temperature > 100.4 °F (38.0 °C)**

**IV NS @\_\_\_cc/hr**

**Saline lock IV**

**12. Labs (ordered for today and now unless otherwise specified)**

**Hemoglobin A1c  Troponin**

**CBC  Urinalysis**

**Metabolic panel:\_\_\_\_\_\_\_\_\_\_\_  Drug Screen**

**PT/PTT/INR  Alcohol Level**

**PTT  Fasting lipid panel**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. Diagnostics and Imaging**

**Non- contrast head CT Date/Time:**

**MRI brain Date/Time:**

**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. Consultations:**

**Neurology  Discharge Planner/ Case Management**

**Neurosurgery  Diabetic Education**

**Physical Therapy \*  Palliative Care**

**Occupational Therapy\*  Spiritual Care**

**Speech therapy\*  Nutrition**

**Inpatient Rehabilitation\***

**15. Additional orders:**

**Verbal orders:** (RN print) (RN sign)

Date/time: (Provider):

**Provider:**  Date/time:

(sign)