



ISCHEMIC STROKE – ADMISSION ORDERS

Provider to check appropriate boxes. These orders are not implemented until signed by provider.

☒=Best practice. Provider must cross out pre-checked order if not desired.

***CMS STROKE CORE MEASURE**

1. Admit to: _____

2. Allergies: _____

3. Diagnosis: _____

4. Condition: Guarded Critical Serious Stable

5. Nursing:

- Vital Signs (HR, BP, SpO₂, 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 SpO₂ greater than 94% or as ordered: _____
- Place on telemetry until discharge
- Fingertick blood glucose ac and hs. Call if over 180mg/dL or less than 60mg/dL to receive treatment instructions. If not diabetic and no insulin required in 48 hours, nurse may discontinue this order.
- Stroke Education* on patient's stroke risks, stroke signs, use of 9-1-1, medications and follow-up appointments.
- Tobacco Cessation. Referral to Montana QuitLine as indicated

6. Activity:

- Activity as tolerated
- Bedrest

7. Diet:

- Nursing swallow screen for dysphagia prior to any oral intake
- Advance diet as tolerated after passing dysphagia screen
- NPO
- Aspiration precautions

8. VTE prophylaxis*:

- Intermittent pneumatic compression devices to bilateral legs
- Enoxaparin Sodium (Lovenox) _____ mg subcutaneously every _____
- Contraindication to VTE prophylaxis. Reason: _____

9. Antithrombotics*:

Should be administered within the first 24 to 48 hours of symptom onset in the non-Alteplase/Tenecteplase ischemic stroke or TIA patient

- Aspirin _____ mg PO / PR daily
- Provider to consult neurology for dual antiplatelet therapy

10. Lipid Regulating Agents*:

Consider high intensity statin for patients 75 years or younger.

- Atorvastatin _____ mg PO at hour of sleep
- Other statin or lipid agent: _____
- Contraindication to lipid regulating agent*. Reason: _____

NOTE: Only marked orders will be initiated. Provider must cross out pre-checked order if not desired.



11. Other:

- Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)
- IV NS @ ___cc/hr
- Saline lock IV

12. Blood Pressure Management:

- Maintain BP less than 220/120 for the first 24 hours. Provider to consult neurology for patient-specific BP management.
- Notify provider if unable to achieve BP goal with PRN antihypertensives.
- Provider to consult neurology for BP management for patients 24 hours after admission.

Nitrates are not advised for stroke BP management

<input type="checkbox"/>	Labetalol (NORMODYNE®, TRANDATE®)	<p>First line therapy: 10 mg IV over 2 minutes PRN SBP greater 220, DBP greater than 120 (on 2 or more consecutive BP checks at least 10 minutes apart) with HR greater than 60 bpm.</p> <p>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.</p>
<input type="checkbox"/>	Nicardipine (CARDENE®) infusion 2.5-15 mg/hour continuous IV infusion	<p>5 mg/hour initial dose</p> <p>Titrate to desired effect by increasing 2.5 mg/hour every 5 minutes to a maximum of 15 mg/hour.</p>
<input type="checkbox"/>	Clevidipine (Cleviprex®) infusion 1-2 mg/hour continuous IV infusion	<p>1-2 mg/hour,</p> <p>Titrate to desired effect by doubling dose every 2-5 minutes to a maximum of 21 mg/hour.</p>
<input type="checkbox"/>	Nitroprusside (NIPRIDE®) infusion 0.1-10 mcg/kg/min continuous IV infusion	<p>0.1 mcg/kg/minute initial dose</p> <p>Titrate to desired effect by increasing 0.5 mcg/kg/minute every 5 minutes to a maximum of 10 mcg/kg/minute</p>
<input type="checkbox"/>	Hydralazine (APRESOLINE®)	<p>Alternative first line therapy if HR less than 60 bpm: 20 mg IV over 2 minutes PRN SBP greater than 220, DBP greater than 120 (on 2 or more consecutive BP checks at least 10 minutes apart).</p> <p>If BP remains elevated after one dose or 20 minutes, consider continuous infusion options above.</p>

NOTE: Only marked orders will be initiated. Provider must cross out pre-checked order if not desired.

15. Labs: (ordered for today and now unless otherwise specified)

- Hemoglobin A1c
- Troponin



- | | |
|---|---|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> Metabolic panel: _____ | <input type="checkbox"/> Drug Screen |
| <input type="checkbox"/> PT/INR | <input type="checkbox"/> Alcohol Level |
| <input type="checkbox"/> PTT | <input checked="" type="checkbox"/> Fasting lipid panel in AM |
| <input type="checkbox"/> Other: _____ | |

16. Diagnostics and Imaging:

- | | |
|--|------------------|
| <input type="checkbox"/> Non- contrast head CT | Date/Time: _____ |
| <input type="checkbox"/> MRI brain | Date/Time: _____ |
| <input type="checkbox"/> Other: _____ | |

All below orders will be for today and now unless otherwise specified

- | | |
|---|---|
| <input type="checkbox"/> Transthoracic Echocardiogram | <input type="checkbox"/> Carotid Ultrasound |
| <input type="checkbox"/> Transesophageal Echocardiogram | <input type="checkbox"/> 12 Lead EKG |
| <input type="checkbox"/> Other: _____ | |

17. Consultations:

- | | |
|---|--|
| <input type="checkbox"/> Neurology | <input checked="" type="checkbox"/> Discharge Planner/ Case Management |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Diabetic Education |
| <input checked="" type="checkbox"/> Physical Therapy * | <input type="checkbox"/> Palliative Care |
| <input checked="" type="checkbox"/> Occupational Therapy* | <input type="checkbox"/> Spiritual Care |
| <input checked="" type="checkbox"/> Speech therapy* | <input type="checkbox"/> Nutrition |

18. Additional orders: _____

NOTE: Only marked orders will be initiated. Provider must cross out pre-checked order if not desired.

Verbal order from _____ (Provider)

Nursing signature: _____
Date: _____ Time: _____

Provider signature: _____
Date: _____ Time: _____

Patient Identification

Rev. 8/18, Rev. 11/21