

**HEMORRHAGIC STROKE ORDERS - EMERGENCY DEPARTMENT**

(Initiate on patients with non-traumatic hemorrhage on CT)

Provider to check appropriate boxes and cross out pre-checked order if not desired.

These orders are not implemented until signed by provider.

AFTER HEMORRHAGE IDENTIFIED ON CT:

- Provider to Consult Neurosurgery
- Vital signs continue every 15 minutes
- Neuro checks continue every 15 minutes
- O2 to keep SpO2 greater than or equal to 94% or as ordered: _____
- Initiate blood pressure management
- Consider** need for anticoagulation reversal based on patient's anticoagulant

PAIN MANAGEMENT:

- Morphine ___ mg IV every _____ as needed for pain
- Fentanyl ___ mcg slow IV every _____ as needed for pain
- Dilaudid ___ mg IV every _____ as needed for pain

FEVER:

- Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)

ANTIEMETIC:

- Ondansetron** 4mg IV every _____ hours for nausea
- Metoclopramide ___ mg slow IV every _____ hours for nausea

ACUTE SEIZURE ABORTIVE THERAPY:

- Lorazepam (Ativan) _____ mg IV Push (2-4 mg is recommended)
- For seizure that reoccurs within 5 minutes, repeat lorazepam and consult neurology/neurosurgery

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



ANTICOAGULATION REVERSAL GUIDELINES:

Review guidelines and write specific orders below.

ANTICOAGULANT	REVERSAL/TREATMENT	MONITORING/FOLLOW UP
Warfarin (Coumadin)	Vitamin K 10 mg IV or PO (IV preferred). Can be repeated every 12 hours for elevated INR AND KCentra (pharmacy to dose)	Recheck INR 30 minutes following KCentra infusion. Recheck every 12-24 hours until INR becomes and maintains normal range.
Apixaban (Eliquis) Rivaroxaban (Xarelto) Betrixaban (Bevyxxa) Edoxaban (Savaysa)	KCentra (pharmacy to dose) AND/OR Activated charcoal (if last dose within 2 hrs.) For serious or life-threatening bleeding consider: Tranexamic acid (pharmacy to dose)	
Dabigatran (Pradaxa)	Activated charcoal (if last dose within 2 hrs.) For serious or life-threatening bleeding consider: Idarucizumab (Praxbind) 5 grams IV	Recheck aPTT 2 hours after treatment and every 12 hours until normal.
Unfractionated Heparin	Protamine Sulfate (pharmacy to dose) May repeat if aPTT remains prolonged	Recheck aPTT 30 minutes after treatment.
Enoxaparin (Lovenox)	Protamine Sulfate (pharmacy to dose)	
Antiplatelets	May consider platelet transfusion	

ANTICOAGULATION REVERSAL ORDERS:

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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

<input type="checkbox"/>	Labetalol (NORMODYNE®, TRANDATE®)	<p>First line therapy: 10 mg IV over 2 minutes PRN SBP greater 140, DBP greater than 90 (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 140, DBP greater than 90 (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>

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