



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

*EMERGENCY DEPARTMENT ACUTE STROKE ORDER SET

Assessments	1. Time of stroke onset: Date _____ Hour _____ Minute _____ 2. Perform and document swallowing assessment 3. Has patient been on _____ Aspirin _____ Plavix _____ Aggrenox _____ Coumadin 4. Complete Inclusion/Exclusion for Alteplase 5. Initiate neuro checks q 15 minutes if Alteplase initiated per protocol (Use Post Alteplase Flowchart) 6. Neuro Checks q 1 hour for patients not receiving Alteplase
Activity	7. HOB FLAT x 8 hours, if high risk for aspiration then HOB at 30 degrees, then advance activity as tolerated
Treatments/ Interventions	8. O2 via NC 1-6 LPM to maintain O2 Sat > 94 % 9. Insert Foley Catheter prior to Alteplase administration; initiate Foley Catheter removal protocol
Nutrition	10. NPO if Alteplase is considered
IVs	11. NS 500 ml IV bolus unless patient has physician documented history of CHF 12. TWO IV lines: <ul style="list-style-type: none">• NS 1,000 ml IV at 100 ml/hr or _____ ml/hr. Add _____ mEq KCl per liter• Saline Lock
Meds	13. If Alteplase is not initiated, give aspirin 325 mg Po x 1 now after swallow evaluation completed by RN. If patient has difficulty swallowing, give aspirin 300 mg suppository PR x 1 14. If Alteplase is given, <u>NO</u> heparin, enoxaparin (LOVENOX), dalteparin (FRAGMIN), warfarin (COUMADIN), dabigatran (PRADAXA), rivaroxaban (XARELTO), apixaban (ELIQUIS), edoxaban (SAVAYSA), aspirin, clopidogrel (PLAVIX), prasugrel (EFFIENT), ticagrelor (BRILINTA) or aspirin-dipyridamole (AGGRENOX) for 24 hours after Alteplase started 15. Administer Alteplase as follows: A. TOTAL DOSE CALCULATION Choose the smallest of the following two stroke treatment doses: 1. Maximum total dose 90 mg 2. Estimated weight in kg _____ x 0.9 mg/kg = _____ mg B. TOTAL Alteplase (ACTIVASE) DOSE = _____ mg, reconstituted as a 100 mg/100 ml solution, or use 50 mg/50 ml solution if patient weighs less than 55 kg <i>Bolus Dose = 10% of total dose</i> (Total Dose _____ x 0.1 = _____ for bolus dose) Total Dose _____ mg – bolus _____ mg = _____ mg continuous infusion over 1 hour Alteplase: _____ mg IV bolus over one minute followed immediately by _____ mg IV by continuous over 60 minutes for a total dose of _____ mg Signature:_____ Date:_____ Time:_____ Co-sign:_____ Date:_____ Time:_____ 16. After treatment, monitor neuro status and NIBP: q 15 min for 2 hours q 30 min for 6 hours q 1 hour for 18 hours

MD Signature: _____ Date & Time: _____

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Created: 05/2017 Page 1 of 2 DO NOT USE: U IU QD QOD MS MSO4 Mg



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*EMERGENCY DEPARMTENT ACUTE STROKE ORDER SET

Procedures/ Tests	17. Finger stick blood sugar _____ mg/dL 18. Stat non-contrast CT scan of the head 19. Stat Labs: <ul style="list-style-type: none">• CBC• PTT, PT, INR• BMP• CK with Isoenzymes• Hepatic Function Panel• Troponin• UA• Urine Drug Screen, Urinalysis<input type="checkbox"/> Fibrinogen<input type="checkbox"/> Type and Screen<input type="checkbox"/> Lipid Profile<input type="checkbox"/> Hemoglobin A1C<input type="checkbox"/> HIV<input type="checkbox"/> Serum Pregnancy 20. Stat EKG (DO NOT DELAY CT) 21. Portable Chest X-Ray
Consults	22. Page Stroke team at 555 23. Tele-Neurology
MD Signature: _____ Date & Time: _____	

Please Use Ball Point Pen ONLY

