



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. ☐

STROKE WITH ALTEPLASE ORDER SET

Level of Care	Inpatient Attending Physician: _____ Primary Care Physician: _____ Diagnosis: Acute Ischemic Stroke
Location	CCU
Assessments	<ol style="list-style-type: none">Discontinue Alteplase infusion after the 60 minute infusion has been completed <i>See the Emergency Department Acute Stroke Orders for dosing and monitoring instructions</i>Vital signs (blood pressure, pulse, respirations) and neuro checks (Loc, limb power, speech) q 15 min x 2 hours then q 30 min x 6 hours and then q 1 hour x 18 hours per neurologic assessment (TIA/Stroke Assessment E-Form)Bleeding surveillance: Check puncture sites for bleeding or hematomas. Apply digital pressure or pressure dressing to active compressible bleeding sites. Observe urine, stool, emesis, and other secretions for blood. Hemocult test if there is question of occult blood. Notify MD if petechiae develop in arm distal to BP cuffCall MD immediately if evidence of active bleeding, vomiting, neurologic deterioration, or vital signs outside the following parameters:<ol style="list-style-type: none">Systolic BP > 180 mmHg or < 90 mmHg. MAP > 110 > 1st 12 hr Alteplase then systolic BP > 180 mmHg or < 110 mmHgDiastolic BP > 105 mmHg or < 75 mmHg. MAP > 110 > 1st 12 hr Alteplase then diastolic BP > 105 mmHg or < 60 mmHgPulse < 50 beats per minute or > 120 beats per minuteRespirations > 24Temperature > 101.5 FO2 sat 94%Special neuro signs to observe:<ol style="list-style-type: none">Lethargy, nausea/vomitingSwallow Assessment 24 hours after Alteplase administration by RN and documented; consult Speech Therapy if indicatedContinuous cardiac monitoring until discontinuedOximetry q 4 hoursRehab Assessment per Physical Therapy
Activity	<ol style="list-style-type: none">HOB 30 degrees x 8 hours, then advance as toleratedBed rest x 12 hours, then advance as tolerated.
Treatments/ Interventions	<ol style="list-style-type: none">Foley Catheter prior to Alteplase administration; implement Foley Catheter Removal ProtocolTitrate O2 at 2-4 L/min via nasal cannula to maintain O2 Sat greater than or equal to 94% (unless COPD)Temperature > 101.5 degrees: Blood cultures x 2 sites; UA, Urine culture and CXR. Notify MD of elevated temperatureCooling Blanket for temperature > _____ degrees. Cool to _____ degrees (CCU ONLY)VTE prophylaxis. SCDs and document
Nutrition	<input type="checkbox"/> NPO x 24 hours
IVs	<ol style="list-style-type: none">Line 1: NS 1,000 ml IV at 100 ml/hr or _____. Add _____ mEq KCl/L until discontinuedLine 2: KVO rate with NS Other: _____
MD Signature: _____ Date & Time: _____	

Please Use Ball Point Pen ONLY



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

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

STROKE WITH ALTEPLASE ORDER SET

Meds	<p>19. NO heparin, enoxaparin (LOVENOX), dalteparin (FRAGMIN), warfarin (COUMADIN), dabigatran (PRADAXA), rivaroxaban (XARELTO), aspirin, clopidogrel (PLAVIX), prasugrel (EFFIENT), ticagrelor (BRILINTA), edoxaban (SAVAYSA), or aspirin-dipyridamole (AGGRENOX) for 24 hours after Alteplase started</p> <p>Hypertensive treatment parameters to maintain a goal BP < 180/105. (Check one of the following)</p> <p>ACLS/Stroke guidelines</p> <p><input type="checkbox"/> 10 mg labetalol IV push over 1-2 minutes. May repeat labetalol 10 mg IV q 10 min to max dose 300 mg</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> 10 mg labetalol IV push over 1-2 minutes. May repeat labetalol 10 mg IV q 10 min x 2 doses. If BP remains elevated, start niCARDipine (CARDENE) 50 mg/250 ml @ 5 mg per hour IV infusion. Titrate by increasing 2.5 mg/hr q 15 min to max of 15 mg/hr (<i>use tapering/titration guidelines</i>)</p> <p>20. Initiate Adult Sliding Scale Insulin Order Set, may discontinue after 24 hours if HgA1C < 6 and no insulin given</p> <p>21. Antacid/Peptic ulcer prevention: pantoprazole (PROTONIX) 40 mg IV daily or _____</p> <p>22. Lipid therapy: <input type="checkbox"/> atorvastatin 40 mg Po q hs <input type="checkbox"/> atorvastatin 80 mg Po q hs <input type="checkbox"/> _____ Po q hs</p> <p>23. Antithrombotic therapy start on _____ (date) at _____ hours _____</p> <p><input type="checkbox"/> aspirin _____ mg Po/PR daily <input type="checkbox"/> aspirin-dipyridamole (AGGRENOX) 200-25 mg 1 Cap Po bid</p> <p><input type="checkbox"/> clopidogrel (PLAVIX) 75 mg Po daily <input type="checkbox"/> enoxaparin (LOVENOX) 1 mg/kg subcutaneously q 12 hr</p> <p>24. acetaminophen (TYLENOL) 650 mg Po/PR q 4 hr PRN pain or temperature > 101 degrees</p> <p>25. Do not exceed 4 grams acetaminophen/24 hours from all sources.</p>
Procedures/ Tests	<p>26. Admission labs NOW if not done in ED: Lipid profile, HgA1c, PT/PTT, Urine Drug Screen, UA</p> <p>27. EKG if not done in ED</p> <p>28. CXR if not done in ED</p> <p>29. CBC in am</p> <p>30. CMP in am</p> <p>At least one must be performed 24 hours post Alteplase:</p> <p><input type="checkbox"/> CT of head (stroke order set)</p> <p><input type="checkbox"/> MRI (stroke order set)</p> <p>Other labs:</p> <p><input type="checkbox"/> Fasting homocysteine <input type="checkbox"/> Sed Rate <input type="checkbox"/> CK with troponin <input type="checkbox"/> TSH</p> <p><input type="checkbox"/> CRP <input type="checkbox"/> HIV <input type="checkbox"/> Serum Pregnancy</p> <p>Other diagnostic – cardiology:</p> <p><input type="checkbox"/> TransTHORACIC Echo <input type="checkbox"/> TransESOPHageal Echo <input type="checkbox"/> Carotid Doppler</p> <p>Other diagnostic – imaging (Stroke Order Set):</p> <p><input type="checkbox"/> MRI Brain _____ <input type="checkbox"/> MRA Head _____ <input type="checkbox"/> MRA Neck-Carotid _____</p> <p><input type="checkbox"/> CT Head no contrast _____ <input type="checkbox"/> CTA Head & CTA Neck _____</p> <p><input type="checkbox"/> CXR _____ <input type="checkbox"/> EEG _____</p>
Consults	<p><input type="checkbox"/> Family MD <input type="checkbox"/> Pulmonologist <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy (Swallow Eval)</p> <p><input type="checkbox"/> Cardiologist <input type="checkbox"/> Neurologist <input type="checkbox"/> Dietician <input type="checkbox"/> Speech Therapy (Speech Eval)</p> <p><input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Palliative Care <input type="checkbox"/> Other _____</p>
Pt/FamilyEd/ DC Planning	<p>31. Give stroke education to family; document</p> <p>32. Consult Case Management with discharge needs</p> <p>33. Diabetic education, if HgbA1c > 6</p> <p>34. Give smoking cessation education information to patient; document</p>
MD Signature: _____ Date & Time: _____	

Please Use Ball Point Pen ONLY

