



**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. ☐

### TIA/STROKE WITHOUT ALTEPLASE ORDER SET

<b>Level of Care</b>	<input type="checkbox"/> Inpatient <input type="checkbox"/> Observation due to _____ Attending Physician: _____ Primary Care Physician: _____ Diagnosis: _____
<b>Location</b>	Admit to: <input type="checkbox"/> CCU <input type="checkbox"/> Floor
<b>Assessments</b>	<ol style="list-style-type: none"><li>Vital signs (blood pressure, pulse, respirations) and neuro checks (Loc, limb power, speech) q 1 hr x 8 hours, then q 4 hours per neurologic nursing assessment (TIA/Stroke Assessment E-Form)</li><li>Call MD immediately if evidence of active bleeding, vomiting, neurologic deterioration, or VS outside the following parameters:<ol style="list-style-type: none"><li>Systolic BP &gt; 220 mmHg or &lt; 110 mmHg / MAP &gt; 140</li><li>Diastolic BP &gt; 120 mmHg or &lt; 60 mmHg</li><li>Pulse &lt; 50 beats per minute or &gt; 120 beats per minute</li><li>Respirations &gt; 24</li><li>Temperature &gt; 101.5 F</li><li>O2 sat &lt; 94%</li></ol></li><li>Continuous cardiac monitoring until discontinued</li><li>Oximetry q 4 hours</li><li>Intake and Output - strict</li><li>Rehab Assessment per Physical Therapy</li><li>Swallow Assessment on admission by RN and documented; consult Speech Therapy if indicated</li></ol>
<b>Activity</b>	<ol style="list-style-type: none"><li>HOB 30 degrees x 8 hours, then advance as tolerated</li><li>Bed rest x 12 hours, then advance as tolerated.</li></ol>
<b>Treatments/ Interventions</b>	<ol style="list-style-type: none"><li>Titrate O2 at 2-4 L/min via nasal cannula to maintain O2 Sat greater than or equal to 94% (unless COPD). Notify MD if O2 sat &lt; 94%</li><li>Temperature &gt; 101.5 degrees: Blood cultures x 2 sites; UA, Urine culture and CXR. Notify MD of elevated temperature &gt; 101.5 F</li><li>Cooling Blanket for temperature &gt; _____ degrees. Cool to _____ degrees (<i>CCU ONLY</i>)</li><li><b>VTE prophylaxis:</b> SCDs and document <b>OR</b> <input type="checkbox"/> heparin 5,000 units SubQ q 8 hours    <b>OR</b> <input type="checkbox"/> enoxaparin (LOVENOX) 40 mg SubQ daily</li><li><b>Hypertensive treatment</b> parameters to maintain a goal BP &lt; 220/120 (<i>Check one of the following</i>)  <b>CCU ONLY</b> <input type="checkbox"/> 10-20 mg labetalol IV push over 1-2 min. May repeat labetalol 10 mg q 10 min to max dose 300 mg <b>OR</b> <input type="checkbox"/> 10-20 mg labetalol IV push over 1-2 min. May repeat labetalol 10 mg 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 and titration guidelines</i>)</li></ol>
<b>MD Signature:</b> _____	<b>Date &amp; Time:</b> _____

Please Use Ball Point Pen ONLY

Revised: 02/01/2019 Page 1 of 2    **DO NOT USE: U IU QD QOD MS MSO4 Mg**



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TIA/STROKE WITHOUT ALTEPLASE ORDER SET					
Nutrition	<input type="checkbox"/> NPO except meds <input type="checkbox"/> Mechanical soft <input type="checkbox"/> Healthy Heart <input type="checkbox"/> Diabetic ____ kcal <input type="checkbox"/> Regular <input type="checkbox"/> Puree				
IVs	15. Line 1: NS 1,000 ml at 100 ml/hr or ____ ml/hr. Add ____ mEq KCl/L until discontinued 16. Line 2: KVO rate with NS if second line established. Continue until discontinued <b>OTHER:</b>				
Meds	17. Initiate Adult Sliding Scale Insulin Order Set, may discontinue after 24 hours if HgA1C < 6 and no insulin given <input type="checkbox"/> Heparin (ACS, AMI, Acute ST Segment Elevation) Infusion Order Set (with NO BOLUSES) 18. Antiplatelet therapies: <input type="checkbox"/> aspirin ____ mg Po/PR daily <input type="checkbox"/> clopidogrel (PLAVIX) 75 mg Po daily <input type="checkbox"/> aspirin-dipyridamole (AGGRENOX) 200-25 mg 1 Cap Po bid 19. Antacid/Peptic ulcer prevention: famotidine (PEPCID) 20 mg IV bid * <b>may give Po</b> 20. 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 21. acetaminophen (TYLENOL) 650 mg Po/PR q 4 hr PRN pain or temperature > 101 degrees 22. <b>Do not exceed 4 grams acetaminophen/24 hours from all sources.</b>				
Procedures/ Test	23. Admission labs NOW if not done in ED: Lipid profile, HgA1c, PT/PTT, UA, Urine Drug Screen 24. EKG if not done in ED 25. CXR if not done in ED 26. CBC in am 27. CMP in am  <b>Other labs:</b> <input type="checkbox"/> Fasting homocysteine <input type="checkbox"/> Sed Rate <input type="checkbox"/> CK with troponin <input type="checkbox"/> TSH <input type="checkbox"/> ANA <input type="checkbox"/> Rheumatoid factor <input type="checkbox"/> CRP <input type="checkbox"/> HIV <input type="checkbox"/> Serum Pregnancy <input type="checkbox"/> RPR <input type="checkbox"/> Phospholip AB/CardioLip IGM/IGG (MCLPMG)  <b>Other diagnostic – cardiology:</b> <input type="checkbox"/> TransTHORACIC Echo <input type="checkbox"/> TransESOPHageal Echo <input type="checkbox"/> Carotid Doppler  <b>Other diagnostic – imaging (Stroke Order Set):</b> <input type="checkbox"/> MRI Brain _____ <input type="checkbox"/> MRA Head _____ <input type="checkbox"/> MRA Neck-Carotid _____ <input type="checkbox"/> CT Head no contrast _____ <input type="checkbox"/> CTA Head & CTA Neck _____ <input type="checkbox"/> CXR _____ <input type="checkbox"/> EEG _____				
Consults	<input type="checkbox"/> Family MD <input type="checkbox"/> Pulmonologist <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy (Swallow Eval) <input type="checkbox"/> Vascular Surgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Dietician <input type="checkbox"/> Speech Therapy (Speech Eval) <input type="checkbox"/> Cardiologist <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Palliative Care <input type="checkbox"/> Other _____				
Pt/FamilyEd/ DC Planning	28. Give stroke education to family; document 29. Consult Case Management with discharge needs 30. Diabetic education, if HgbA1c > 6 31. Give smoking cessation education information to patient; document				
<b>MD Signature:</b> _____			<b>Date &amp; Time:</b> _____		

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