



## Physician Orders ADULT: Acute Stroke ICU Plan EKM

### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
Phase: Acute Stroke ICU Phase, When to Initiate: \_\_\_\_\_
- ☐ Initiate Powerplan Phase  
Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: \_\_\_\_\_

### Acute Stroke ICU Phase

#### Non Categorized

- R Acute Stroke ICU Care Track
- R Stroke Quality Measures
- ☐ Add To Problem List  
Problem: Stroke
- ☐ Add To Problem List

#### Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient  
T;N

### Vital Signs

- ☒ Vital Signs w/Neuro Checks  
Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q1h(std)  
Comments: Utilize the National Institutes of Health Stroke Scale (NIHSS)
- ☒ Vital Signs  
Monitor and Record Temp, q4h(std)

### Activity

- ☐ Activity As Tolerated
- ☐ BR
- ☐ Bedrest  
Options: w/BRP
- ☐ Out Of Bed  
Up To Bedside Commode

### Food/Nutrition

- ☒ NPO  
until swallowing screen passed
- ☐ NPO  
until speech therapy completes evaluation for dysphagia
- ☐ Regular Adult Diet
- ☐ Clear Liquid Diet  
Start at: T;N
- ☐ Full Liquid Diet  
Start at: T;N
- ☐ Pureed Diet
- ☐ Mechanical Soft Diet

### Patient Care

NOTE: Keep Flat order is contraindicated in head bleeds or confirmed swelling of the brain. Use the Elevate Head of Bed order for these situations.(NOTE)\*

- ☐ Elevate Head Of Bed  
30 degrees  
Comments: For head bleeds or confirmed swelling of the brain.
- ☐ Keep Flat  
Head of bed flat for 24 hours  
Comments: OK for PT/OT/ST to evaluate and treat as tolerated
- ☐ Keep Flat  
Head of bed flat for 48 hours





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Comments: OK for PT/OT/ST evaluations up to 10 minutes out of bed.

- ☐ Keep Flat  
Strict head of bed flat for 24 hours
- ☒ Instruct/Educate  
Method: Provide Pamphlet, Topic: Stroke Patient Education Pack, give stroke patient education pack (stroke education with smoking cessation education)
- ☐ Intake and Output  
q4h(std), Strict I & O q4h or more often if needed.
- ☐ Seizure Precautions  
NOTE: If patient is NPO, order Accucheck q6h; if patient has diet order, order Accuchecks AC/HS(NOTE)\*
- ☐ Accucheck Nsg  
q6h(std)
- ☐ Accucheck Nsg  
achs
- ☐ Oxygen Sat Monitoring NSG  
q4h(std)
- ☐ Code Status  
Resus Type: DNR-Do Not Resuscitate
- ☒ Depression Screening  
T;N

#### Nursing Communication

- ☐ Nursing Communication  
T;N, complete Ischemic Stroke NIH Stroke Scale Assessment Form
- ☒ Nursing Communication  
T;N, Ensure that Swallowing Screen is completed
- ☒ Nursing Communication  
T;N, if Alteplase given, hold antithrombotic for 24 hours.

#### Respiratory Care

- ☐ Oxygen-Nasal Cannula  
Special Instructions: Maintain Oxygen Saturation greater than or equal to 94%
  - ☐ Oxygen-Aerosol Facemask  
Special Instructions: Maintain Oxygen Saturation greater than or equal to 94%
- NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan.(NOTE)\*

#### Medications

NOTE: Select below to document Antithrombotic Agent contraindication(NOTE)\*

- ☐ Reason Antithrombotics Not Given by End Day 2  
NOTE: If not contraindicated, select Antithrombotic Agent below:(NOTE)\*
- ☐ +1 Hours aspirin-dipyridamole  
1 cap, ER Capsule, PO, bid, Routine
- ☐ +1 Hours clopidogrel
  - ☐ 75 mg, Tab, PO, QDay, Routine (DEF)\*
  - ☐ 75 mg, Tab, NG, QDay, Routine
- ☐ +1 Hours atorvastatin
  - ☐ 80 mg, Tab, PO, hs, Routine [Less Than 75 year] (DEF)\*
  - ☐ 80 mg, Tab, NG, hs, Routine [Less Than 75 year]
  - ☐ 40 mg, Tab, PO, hs, Routine [Greater Than or Equal To 75 year]
  - ☐ 40 mg, Tab, NG, hs, Routine [Greater Than or Equal To 75 year]
- ☐ +1 Hours pantoprazole
  - ☐ 40 mg, DR Tablet, PO, QDay, Routine (DEF)\*  
Comments: DO NOT CHEW,CUT, OR CRUSH
  - ☐ 40 mg, Granule, NG, QDay, Routine





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- ☐ **+1 Hours** aspirin
- ☐ 81 mg, DR Tablet, PO, QDay, Routine (DEF)\*  
*Comments: If unable to take PO, give aspirin 300 mg rectally*
  - ☐ 81 mg, Chew tab, NG, QDay, Routine  
*Comments: Crushed*
  - ☐ 325 mg, DR Tablet, PO, QDay, Routine  
*Comments: If unable to take PO, give aspirin 300 mg rectally.*
  - ☐ 325 mg, Tab, NG, QDay, Routine  
*Comments: Crushed*
  - ☐ 300 mg, Supp, PR, QDay, Routine
- ☐ Neuro Sodium Support Plan(SUB)\*
- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)\*
- ☐ Insulin STANDARD Sliding Scale Plan(SUB)\*
- ☐ Insulin RESISTANT Sliding Scale Plan(SUB)\*
- ☒ VTE Stroke Prophylaxis Plan(SUB)\*
- ☒ Neuro Antihypertensive Acute PRN Meds Plan(SUB)\*
- Laboratory**
- ☐ CBC  
*Routine, T;N, once, Type: Blood*
- ☒ Lipid Profile  
*Routine, T+1;0400, once, Type: Blood*  
*Comments: fasting*
- ☐ PT/INR  
*Routine, T;N, once, Type: Blood*
- ☐ PTT  
*Routine, T;N, once, Type: Blood*
- ☐ Hgb A1C  
*Routine, T;N, once, Type: Blood*
- ☐ RPR Screen w/Reflex to Titer  
*Routine, T;N, once, Type: Blood*
- ☐ BMP  
*Routine, T;N, once, Type: Blood*
- ☐ Magnesium Level  
*Routine, T;N, once, Type: Blood*
- ☐ AST  
*Routine, T;N, once, Type: Blood*
- ☐ ALT  
*Routine, T;N, once, Type: Blood*
- ☐ Homocyst(e)ine  
*Routine, T;N, once, Type: Blood*
- ☐ CK  
*Routine, T;N, once, Type: Blood*
- ☐ CRP  
*Routine, T;N, once, Type: Blood*
- ☐ Urinalysis w/Reflex Microscopic Exam  
*Routine, T;N, once, Type: Urine, Nurse Collect*
- Diagnostic Tests**
- ☐ CT Brain/Head WO Cont  
*T;N, Reason for Exam: CVA (Cerebrovascular Accident), Routine, Stretcher*
- ☐ CT Angio Head W/WO Cont W Imag Post Prc Plan(SUB)\*
- ☐ CT Angio Neck W/WO Cont W Imag Post Pro Plan(SUB)\*
- ☐ MRI Brain & Stem WO Cont





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- T;N, Reason for Exam: CVA (Cerebrovascular Accident), Routine, Stretcher*
- ☐ Consult Radiology Special Procedures  
*T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher*  
*Comments: CVA (Cerebrovascular Accident)*
- ☐ TTE Echo W/Contrst or 3D if needed  
*Start at: T;N, Priority: Routine, Other reason: CVA, Transthoracic Echocardiogram*
- ☐ Transesophageal Echo W/3D if needed  
*Start at: T;N, Priority: Routine, Reason: Other, specify, Other reason: CVA*

#### Consults/Notifications/Referrals

- ☐ Notify Physician-Once  
*Notify: physician, Notify For: room number on arrival to unit*
- ☐ Notify Physician-Once  
*Notify: Cardiologist known to patient, Notify For: if reason admitted cardiology related or if post-discharge follow up or testing indicated.*
- ☐ Physician Consult
- ☐ Consult Endocrinology Group  
*Routine, Group: UTMG Endocrinology, Reason for Consult: Hgb A1C greater than or equal to 10*
- ☒ Notify Physician For Vital Signs Of  
*Notify: Physician, BP Systolic > 220 mmHg, BP Diastolic > 120 mmHg, BP Systolic < 120 mmHg, BP Diastolic < 60 mmHg, Celsius Temp > 37.4, Celsius Temp < 36, Heart Rate > 120 bpm, Heart Rate < 50 bpm, Resp Rate > 24 br/min, Resp Rate < 10 br/min, Oxygen Sat*
- ☒ Notify Physician-Continuing  
*Notify: MD, Notify For: immediately for vital signs outside parameters.*
- ☒ Notify Physician-Continuing  
*Notify: MD, Notify For: immediately for evidence of neurological deterioration.*
- R PT Initial Evaluation and Treatment
- R ST Initial Evaluation and Treatment
- ☐ ST Subsequent Order
- ☐ OT Initial Evaluation and Treatment
- ☐ Case Management Consult
- ☐ Medical Social Work Consult
- ☐ Nursing Communication  
*Consult Health South Clinical Coordinator*

#### Mechanically Ventilated Patient Phase

##### Non Categorized

- R Mechanically Ventilated Pt (Vent Bundle) Care Track  
*T;N*

##### Patient Care

- ☒ Elevate Head Of Bed  
*30 degrees or greater if systolic blood pressure is greater than 95 mmHg*
- ☒ Reposition ETT (Nsg)  
*QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.*
- ☒ ETT Subglottic Suction
- ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)\*
  - ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.
- ☒ Mouth Care  
*Routine, q2h(std)*
- ☒ Nursing Communication  
*Call MD if higher than any of the following maximum doses of medications is required. LORazepam*





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6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr

- ☒ Nursing Communication  
*If SAS goal not met in 6 hours, call MD for further orders*
- ☒ Nursing Communication  
*If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msec and HOLD haloperidol*
- ☒ Nursing Communication  
*Once SAS goal is met initially, reassess and document SAS score q2hrs*
- ☒ Nursing Communication  
*If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process*
- ☒ Nursing Communication  
*Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,*

#### Respiratory Care

- ☒ Mechanical Ventilation
- ☒ Reposition ETT (Nsg)  
*QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.*

#### Medications

- ☐ **+1 Hours** docusate  
100 mg, Liq, NG, bid, Routine  
*Comments: HOLD for diarrhea*
- ☐ **+1 Hours** famotidine  
20 mg, Tab, NG, bid, Routine  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** famotidine  
20 mg, Injection, IV Push, bid, Routine  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** pantoprazole  
40 mg, Granule, NG, QDay, Routine
- ☐ **+1 Hours** pantoprazole  
40 mg, Injection, IV Push, QDay, Routine
- ☒ **+1 Hours** Chlorhexidine For Mouthcare 0.12% Liq  
15 mL, Liq, Mucous Membrane, bid, Routine  
*Comments: For mouthcare at 0800 and 2000.*
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)\*
- ☐ VTE SURGICAL Prophylaxis Plan(SUB)\*
- ☐ Sequential Compression Device Apply  
*T;N, Apply to Lower Extremities*

#### Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*  
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended (NOTE)\*

- ☒ Sedation Goal per Riker Scale
  - ☐ Goal: 3 (Sedated) (DEF)\*
  - ☐ Goal: 4 (Calm/Cooperative)
- ☐ Propofol Orders Plan(SUB)\*
- ☐ **+1 Hours** LORazepam  
1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine, Indication: NOT for Violent Restraint  
*Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.*
- ☐ **+1 Hours** midazolam  
1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine, Indication: NOT for Violent Restraint





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*Comments: To maintain SAS goal. If patient is over sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.*

- ☐ **+1 Hours** midazolam 1mg/mL/NS 50 mL PreMix  
50 mg / 50 mL, IV, Routine, titrate  
*Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr*
- ☐ **+1 Hours** dexmedetomidine infusion (ICU Sedation) (IVS)\*  
Sodium Chloride 0.9%  
100 mL, IV, (for 72 hr ), Titrate  
*Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.*  
dexmedetomidine (additive)  
400 mcg

### Pain Management

Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)\*

- ☐ **+1 Hours** morphine  
2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROMorphone  
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** morphine  
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROMorphone  
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** fentaNYL 10 mcg/mL in NS infusion  
2,500 mcg / 250 mL, IV, Routine, Titrate  
*Comments: Concentration 10 mcg/mL  
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr*

### Refractory Agitation

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*

- ☐ **+1 Hours** haloperidol  
2 mg, Injection, IV Push, q1h, PRN Agitation, Routine, Indication: NOT for Violent Restraint  
*Comments: Cardiac monitor required. \*If Qtc greater than 500 msec, hold haldoperidol. \*If SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.*

### Sedation Vacation Daily

- ☒ Sedation Vacation  
qam, see Order Comment:  
*Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrate to SAS goal (document on the nursing flow sheet)*

- ☒ Ventilator Weaning Trial Medical by RT

### Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing  
*Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol*







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Date	Time	Physician's Signature	MD Number
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**\*Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

