Physician Orders ADULT: Acute Stroke (Non ICU) Plan EKM

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
    Phase: Acute Stroke (Non ICU) Phase, when to Initiate: ________________

Acute Stroke (Non ICU) Phase
Non Categorized
☐ Acute Stroke (Non-ICU) Care Track
☐ Stroke Quality Measures
☐ Add To Problem List
    Problem: Stroke
☐ Add To Problem List

Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
    T:N Admitting Physician: _______________________________
    Reason for Visit: ______________________________________
    Bed Type: _______________________________ Specific Unit: _____________________
    Care Team: _______________________________ Anticipated LOS: 2 midnights or more

Vital Signs
☑ Vital Signs w/Neuro Checks
    Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q4h(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)*
☐ 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
    Comments: OK for PT/OT/ST evaluations up to 10 minutes out of bed.
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- Keep Flat
  - Strict head of bed flat for 24 hours
- Elevate Head Of Bed
  - 30 degrees
  - Comments: For head bleeds or confirmed swelling of the brain.
- Instruct/Educate
- Intake and Output
  - q4h(std), Strict I & O
- 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
- Ensure that Swallowing screen is completed.
- Complete Ischemic Stroke NIH Stroke Scale Assessment Form
- if Alteplase given, hold anti-thrombotic 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%

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)*
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Comments: DO NOT CHEW, CUT, OR CRUSH

☐  40 mg, Granule, NG, QDay, Routine

☐ +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

☐ 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

☐ 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

☐ CRP
  Routine, T;N, once, Type: Blood

☐ Homocyst(e)ine
  Routine, T;N, once, Type: Blood

☐ CK
  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
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- CT Angio Head W/OO Cont W Imag Post Prc Plan(SUB)*
- CT Angio Neck W/OO Cont W Imag Post Pro Plan(SUB)*
- MRI Brain & Stem W/OO Cont
  - T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
  - Comments: Other reason: CVA
- Consult Radiology Special Procedures
  - T;N, Reason for Exam: Interventional Radiology Consultation, Routine, Stretcher
  - Comments: CVA (Cerebrovascular Accident)
- EKG
  - Start at: T;N, Priority: Stat, Transport: Portable
  - Comments: Comment: May remove checkmark if done in ED previously
- TTE Echo W/Contrst or 3D if needed
  - Start at: T;N, 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 evidence of neurological deterioration.

R
- PT Initial Evaluation and Treatment
- 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

Date Time Physician’s Signature MD Number

*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