**Physician Orders ADULT**

**ED Triage Standing New Stroke Symptoms (Active or Resolved) Orders**

**[R] = will be ordered**

**T= Today; N = Now (date and time ordered)**

**Height: ___________ cm    Weight: __________kg**

**Allergies:** [ ] No known allergies

[ ] Medication allergy(s):

[ ] Latex allergy  [ ] Other:

**ED Acute Stroke Care Track**

**Triage Standing Orders**

**Note:** Criteria for use: Facial Droop, Arm Drift, Abnormal Speech, aphasia, agraphia, acalculia, apraxia, gaze preference, visual field deficit, hemiparesis, hemisensory loss, neglect, flat affect.

**Note:** Select vital sign order based on onset of symptoms in order details.

[ ] Vital Signs
  Monitor and Record P, R, BP, q 15 minutes X 4 for any patient with onset of symptoms within the treatment window.

[ ] Vital Signs w/ Neuro Checks
  Monitor and Record Vital signs per hospital protocol, for any patient presenting outside treatment window. Utilize the National Institutes of Health Stroke Scale (NIHSS).

[ ] NPO
  Instructions: No exceptions, Comment: NPO until swallow screen completed. NO PO medications, water or food.

[ ] Nursing Communication
  Complete Swallow Screen

[ ] Intermittent Needle Therapy
  Insert/Site (INT Insert/Site Care)
  T;N, q4day, Preferred Site: #1

[ ] Whole Blood Glucose Nsg (Bedside Glucose Nsg)
  STAT, once

[ ] CBC
  STAT, T;N,once,Type: Blood, Nurse Collect

**NOTE:** If the "Chem 8 Profile POC" iSTAT testing is available at your facility, order it below. If it is not available at your facility, order the BMP order below instead:

[ ] Chem 8 Profile POC
  STAT, T;N once, Type: Blood, Nurse Collect

[ ] Basic Metabolic Panel
  STAT, T;N,once,Type: Blood, Nurse Collect

**NOTE:** Order INR if recent warfarin administration. IF THE "INR WHOLE BLOOD POC-NSG" TESTING IS AVAILABLE AT YOUR FACILITY, ORDER IT BELOW. If it is not available at your facility, order the INR Normalized PT Ratio(INR) order below instead:

[ ] INR WHOLE BLOOD POC-NSG
  STAT, T;N, once, Type: Blood, Nurse Collect

[ ] INR Normalized PT Ratio(INR)
  STAT, T;N,once,Type: Blood, Nurse Collect

**NOTE:** Order aPTT if recent Heparin administration.

[ ] Partial Thromboplastin Time (aPTT)
  STAT, T;N,once,Type: Blood, Nurse Collect

[ ] ED Troponin-I
  STAT, T;N,once,Type: Blood, Nurse Collect

[ ] Troponin-1
  STAT, T;N, once, Type: Blood, Nurse Collect

**NOTE:** If possibility of pregnancy order below:

[ ] Pregnancy Screen Serum
  STAT, T;N, once

**Diagnostic Tests**

[ ] Electrocardiogram (EKG)
  Start at: T;N, Priority: STAT, Reason: Stroke, Transport: Portable

[ ] CT Brain for Stroke Imaging
  T;N, Stat, Reason for Exam: CVA (Cerebrovascular Accident), STAT, Stretcher

[ ] Chest 1VW Frontal
  T;N, Reason for Exam: Other, Enter in Comments, STAT, Portable, Comment: Stroke.

**Date**          **Time**          **Physician’s Signature**          **MD Number**

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