

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**SOCRATES study orders**

Version 3 07/30/2014

**Protocol: Acute Stroke or Transient Ischaemic Attack Treated with Aspirin or Ticagrelor and Patient Outcomes**

Principal Investigator: Dennis Dietrich, MD 24 hr: 455-2570; Cell: 788-9770

Study Coordinator: Laura Armstrong: 455-2583 Message: 455-2583

Site number: 7908

Date and time of onset: \_\_\_\_\_

ABCD2 score=  OR \_\_\_\_\_ Symptomatic vascular stenosis

NIHSS score= \_\_\_\_\_

Patient E code: \_\_\_\_\_

Randomization codes: \_\_\_\_\_

Contact Dr. Dietrich or designee \_\_\_\_\_ in the event of any neurological worsening as repeat NIHSS is then required for the study.

Pharmacy called at Pharmacy number 455-5430 to dispense stat medication to SOCRATES study team member.

Ticagrelor 90 mg vs placebo tablets - Patient to receive 2 tablets stat.  
AND  
Aspirin 100 mg vs placebo tablets - Patient to receive 3 tablets stat.

Ticagrelor 90 mg vs placebo 1 tablet BID starting tonight if stat dose was given before 14:00  
OR

Ticagrelor 90 mg vs placebo 1 tablet BID starting tomorrow if stat dose was given after 14:00

Aspirin 100mg vs placebo QD

Ticagrelor 90 mg vs placebo tablets twice daily for 89 days. Dispense full bottle and label for discharge

Aspirin 100 mg vs placebo daily for 89 days. Dispense full bottle and label for discharge

Initials \_\_\_\_\_

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**Prohibited concomitant medications (contact Dr. Dietrich to discuss if clinically necessary).**

Open label aspirin

NSAIDs if needed for more than 7 days

GP IIb/IIIa inhibitors— abciximab (REOPRO), eptifibatide(INTEGRELIN), tirofiban(AGGRASTAT)

Thienopyridines/P2Y12 inhibitors—clopidogrel(PLAVIX), prasugrel(EFFIENT), ticlopidine(TICLID), open label ticagrelor(BRILINTA)

Phosphodiesterase inhibitors—cilostazol(PLETAL), dipyridamole(PERSANTINE), or aspirin/dipyridamole(AGGRENOX)

Vitamin K antagonists—warfarin(COUMADIN)

Direct thrombin inhibitors—bivalirudin(ANGIOMAX), lepirudin(REFLUDAN), desirudin(IPRIVASK), argatroban, dabigatran(PRADAXA)

LMWH— dalteparin(FRAGMIN), enoxaparin(LOVENOX), tinzaparin(INNOHEP), fondaparinux(ARIXTRA)

Direct Factor Xa inhibitors—rivaroxaban(XARELTO), apixaban(ELIQUIS)

Heparin

Strong CYP3A inhibitors--ketoconazole, itraconazole, voriconazole, telithromycin, clarithromycin (but not erythromycin or azithromycin), nefazadone, ritonavir, saquinavir, nelfinavir, indinavir, atazanavir

CYP3A substrates with narrow therapeutic index: cyclosporine, quinidine, SIMVASTATIN OR LOVASTATIN at doses >40 mg daily (There are no other restrictions on statin therapy)

(Note, tPA is not excluded for patients already on study medication, but receipt of tPA within 24 hours prior to presentation is an exclusion)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_