

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Stroke-Ischemic: non tPA

Version 3 4/29/2019

- This order set is designed to be used with an admission set or for a patient already admitted

Nursing Orders

- Assess neurologic status every ____ hour and as needed for any change from baseline neurological assessment baseline
- Medical Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [] Yes [] No
- Elevate head of bed 20-30 degrees
- Keep head of bed flat
- IF unable to void for more than 6 hours: Initiate Straight Cath/BVI Protocol

Notify provider

- Any change in neurological status
- Systolic blood pressure > 220 mmHg or < 110 mmHg
- Diastolic blood pressure > 120 mmHg or < 60 mmHg
- Pulse < 50 bpm
- Respiratory Rate > 24 bpm
- Temperature > 99.6 F and not responding to acetaminophen for other cooling measures
- Seizure precautions
- Swallow Screen by nursing prior to oral intake.
- Notify provider: with swallow screening results
- Do not begin oral intake until swallow screening has been completed
- Aspiration precautions may discontinue if passes swallow screening
- IF fails swallow screening order ST swallow eval
- EDU Stroke: Please provide stroke education packet
- Other: _____

Respiratory

- Oxygen Delivery RN/RT to Determine to maintain Oxygen saturation greater than 92%
- Pulse oximetry ,continuous
- Other: _____

Diet

- NPO
- Advance diet as tolerated
- Goal diet: _____
- Additional Instructions: ADVANCE DIET ONLY IF PASSES THE SWALLOW SCREENING OR AFTER ST Swallow eval WITH DIETARY CONSITANCY per SPEECH PATHOLOGIST
- Other: _____

Medications

Antihypertensives

- For patients who are not candidates for thrombolysis, avoid acute or routine lowering of BP in the immediate post-stroke period until the patient's condition has stabilized, unless values are extremely elevated OR evidence of end organ involvement is present (ie aortic dissection, acute myocardial infarction, pulmonary embolism, hypertensive encephalopathy)
- In the absence of a specific contraindication, it is reasonable to restart pre-hospital antihypertensive medications after the first 24 hours for patients with pre-existing hypertension who are neurologically stable.

Anticoagulants and Platelet Inhibitors

- Do not give aspirin, antiplatelet or antithrombotic medications for 24 hours after tPA infusion or if potential tPA candidate

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Platelet Inhibitors

- Aspirin should be administered within 48 hours of admission (Do not start until 24 hours after tPA infusion or if potential tPA candidate) and prescribed upon discharge for patients who do not have an indication for warfarin (eg, nonrheumatic atrial fibrillation, atrial flutter, or prosthetic heart valves)
aspirin
 - 81 milligram orally once a day Begin 24 hours after tPA infusion
 - 325 milligram orally once a day Begin 24 hours after tPA infusion
- For patients with acute ischemic stroke, do not use clopidogrel alone or in combination with aspirin within 48 hours of symptom onset outside of the setting of a clinical trial.
clopidogrel (PLAVIX)
 - 75 milligram orally once a day; Start after carotid doppler study is complete

Vitamin K Antagonist

- For patients with noncardioembolic TIA or ischemic stroke who have no other indications for anticoagulation, do not use warfarin
- For patients with cerebrovascular disease (eg, history of TIA or stroke) associated with nonrheumatic atrial fibrillation, atrial flutter, or prosthetic heart valves, administer warfarin (COUMADIN)

warfarin (COUMADIN) with loading dose

warfarin (COUMADIN)

- 10 milligram orally once start on _____ Loading dose
- 5 milligram orally once a day start on _____ maintenance dose start day after loading dose

warfarin (COUMADIN) without loading dose

warfarin (COUMADIN)

- 5 milligram orally once a day start on _____
- 10 milligram orally once a day start on _____

Factor Xa Inhibitors

rivaroxaban (XARELTO)

- 20 milligram orally once a day, with evening meal Begin 24 hours after tPA infusion
- 15 milligram orally once a day, with evening meal. Begin 24 hours after tPA infusion. Select for patients with GFR 15-50 ml/min [Inappropriate for patients with GFR < 15]

apixaban (ELIQUIS)

- 5 orally 2 times a day Begin 24 hours after tPA infusion
- 2.5 orally 2 times a day Begin 24 hours after tPA infusion Select if patient has any 2 of the following:
age > 80, weight < 60 kg, serum creatine > 1.5 mg/dL

Statin Therapy

- ACC/AHA guideline Expert Panel recommendations for the treatment of blood cholesterol levels to reduce atherosclerotic cardiovascular disease (ASCVD) - includes coronary heart disease (CHD), stroke, and peripheral arterial disease, all of presumed atherosclerotic origin.

High-Intensity SELECT ONE:

- High-intensity statin therapy should be initiated for adults < /= \neq 75 years of age with clinical ASCVD who are not receiving statin therapy or the intensity should be increased in those receiving a low- or moderate-intensity statin, unless they have a history of intolerance to high-intensity statin therapy or other characteristics that may influence safety
atorvastatin (LIPITOR)
 - 40 milligram orally once a day, in the evening
 - 80 milligram orally once a day, in the eveningrosuvastatin (CRESTOR)
 - 20 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]
 - 40 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]

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Moderate-Intensity SELECT ONE:

- Moderate-intensity statin therapy should be used in individuals in whom high-intensity statin therapy would otherwise be recommended when characteristics predisposing them to statin-associated adverse effects are present. (> 75 years of age, multiple or serious comorbidities, history of statin intolerance)
 - atorvastatin (LIPITOR)
 - 10 milligram orally once a day, in the evening
 - 20 milligram orally once a day, in the evening
 - rosuvastatin (CRESTOR)
 - 5 milligram orally once a day, in the evening
 - 10 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]
 - simvastatin (ZOCOR)
 - 20 milligram orally once a day, in the evening
 - 40 milligram orally once a day, in the evening

Insulins

- For patients with acute ischemic stroke, ensure hypoglycemia is promptly corrected and consider treatment if raised glucose levels are present; use existing guidelines for long-term goals of glycemic management
- Please select the Diabetes Management Order set for insulin orders**

Laboratory

Admission labs or labs to be obtained now:

- Select the following admission labs only if not already done in the ER

<input type="checkbox"/> CBC/AUTO DIFF	<input type="checkbox"/> HYPER COAGULATION PANEL
<input type="checkbox"/> SED RATE (ESR)	<input type="checkbox"/> GLYC-HEMOGLOBIN (HGB A1C)
<input type="checkbox"/> Comprehensive metabolic panel	<input type="checkbox"/> Troponin-I
<input type="checkbox"/> Magnesium level, plasma	<input type="checkbox"/> UAMIC/CULT IF INDICATED
<input type="checkbox"/> Phosphorus level, plasma	
<input type="checkbox"/> Other: _____	

Morning Draw:

- | | |
|--|---|
| <input type="checkbox"/> CBC/AUTO DIFF | <input type="checkbox"/> Basic metabolic panel |
| <input type="checkbox"/> PT (PROTIME AND INR) | <input type="checkbox"/> Magnesium level, plasma |
| <input type="checkbox"/> PTT | <input type="checkbox"/> Phosphorus level, plasma |
| <input type="checkbox"/> Comprehensive metabolic panel | <input type="checkbox"/> LIPID PROFILE , fasting |
| <input type="checkbox"/> Other: _____ | |

Radiology and Diagnostic Tests

- ECG
 - stat Reason for exam: _____
- MRI, brain, without contrast
 - routine Reason for exam: _____
 - Addition instructions: Include GRE sequence
- US Carotid Doppler
 - routine Reason for exam: _____
- CTA neck
 - routine Reason for exam: _____
- MRA, head, without contrast
 - routine Reason for exam: _____
- MRA Neck without IV Contrast
 - routine Reason for exam: _____
- MRA Neck wo + w IV Contrast
 - routine Reason for exam: _____

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Cardiology

ECHO, Transthoracic Complete

- routine ICD 9 Indications: _____
- Contrast? [] Yes [] No
- Agitated Saline (Bubble Study) [] Yes [] No
- Additional Instructions: _____

ECHO transeophageal

- routine **Cardiology Consult required** Reason for exam: _____
- Additional Instructions: _____

Holter Monitor

- [] 24 hour [] 48 hour Reason for exam: _____

Neurodiagnostics

EEG

- routine Reason for exam: rule out seizure activity

Consult Provider

- Provider to provider notification preferred.
- Consult other provider: Neurologist _____ regarding _____
- Does nursing need to contact consulted provider? [] Yes [] No
- Consult other provider: Cardiologist _____ regarding _____
- Does nursing need to contact consulted provider? [] Yes [] No
- Consult other provider: Cardiovascular Surgeon _____ regarding _____
- Does nursing need to contact consulted provider? [] Yes [] No

Rehabilitation Assessment- ONE OF THE FOLLOWING MUST BE SELECTED

- Effective rehabilitation interventions initiated early following stroke can enhance the recovery process and minimize functional disability.
- Consult Rehabilitation Unit Reason for consult: _____
- PT Physical Therapy Eval & Treat Reason for consult: _____
- OT Occupational Therapy Eval & Treat Reason for consult: _____
- ST Speech Therapy Eval & Treat Reason for consult: _____
- Rehabilitation assessment is not indicated Reason: _____

Provider Signature: _____ Date: _____ Time: _____