

(place patient label here)

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



**PROVIDER ORDERS**

**Order Set Directions:**

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

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

**Transient Ischemic Attack**

**Version 1 4/7/2014**

- This order set is designed to be used with an admission set or for a patient already admitted
- TIA is defined as a brief episode of neurologic dysfunction caused by retinal or focal brain ischemia, with clinical symptoms that typically last under 1 hour, and without evidence of acute infarction.

**Nursing Orders**

- Vital signs non unit standard every 4 hours
- Assess neurologic status every 4 hour and as needed for any change from baseline neurological assessment baseline
- Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [ ] Yes [ ] No
- EDU Stroke: Please provide stroke education packet
- Notify provider: for any changes in neurological status
- Notify provider: for systolic blood pressure greater than \_\_\_\_\_ mmHg or less than \_\_\_\_\_ mmHg, or for diastolic blood pressure greater than \_\_\_\_\_ mmHg or less than \_\_\_\_\_ mmHg

**Respiratory**

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

**Medications**

Anticoagulants and Platelet Inhibitors

Platelet Inhibitors

- For patients with noncardioembolic cerebrovascular disease (eg, history of noncardioembolic TIA or ischemic stroke), treat with a platelet inhibitor.
- Avoid the routine addition of aspirin to clopidogrel aspirin
  - 81 milligram orally once a day
  - 325 milligram orally once a day
- clopidogrel (PLAVIX)
  - 75 milligram orally once a day

Vitamin K Antagonist

- For patients with cerebrovascular disease (eg, history of TIA or stroke) associated with nonrheumatic atrial fibrillation, atrial flutter, or prosthetic heart valves, administer a vitamin K antagonist warfarin (COUMADIN) without loading dose warfarin (COUMADIN)
  - 5 milligram orally once a day start on \_\_\_\_\_
  - 10 milligram orally once a day start on \_\_\_\_\_
- 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

Factor Xa Inhibitors

rivaroxaban (XARELTO)

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

Initials \_\_\_\_\_

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apixaban (ELIQUIS)

- 5 orally 2 times a day
- 2.5 orally 2 times a day 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 < /=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 evening

rosuvastatin (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]

**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

**Laboratory**

Admission labs or labs to be obtained now:

- Select the following admission labs only if not already done in the ER
  - CBC/AUTO DIFF
  - SED RATE (ESR)
  - Comprehensive metabolic panel
  - Magnesium level, plasma
  - Phosphorus level, plasma
  - Other: \_\_\_\_\_
  - HYPER COAGULATION PANEL
  - GLYC-HEMOGLOBIN (HGB A1C)
  - Troponin-I
  - UAMIC/CULT IF INDICATED

Morning Draw:

- CBC/AUTO DIFF
- PT (PROTIME AND INR)
- PTT
- Comprehensive metabolic panel
- Other: \_\_\_\_\_
- Basic metabolic panel
- Magnesium level, plasma
- Phosphorus level, plasma
- LIPID PROFILE , fasting

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**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: \_\_\_\_\_

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: \_\_\_\_\_