(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
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Diagnosis: _____

Allergies with reaction type:_____

ICU Stroke-Hemorrhagic

Version 3 4/29/19

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

Activity

☑ Bed rest

Nursing Orders

- GCS score/intracerebral hemorrhage score/SAPS

☑ Upon admit: Perform Glasgow Coma Scale record score
☑ Vital Signs non unit standard every 15 minutes x 2 hour then every 30 minutes x 6 hours then hourly
☑ Assess neurologic status with vital signs (LOC, arm and leg weakness)
☑ IF unable to void for more than 6 hours: Initiate Straight Cath/BVI Protocol
☐ Urinary catheter initiation/management Reason for: critical care U/O monitoring

Nasogastric/orogastric tube insertion/management

☐ low intermittent suction ☐ continuous suction ☐ no suction/ gravity

☐ Elevate head of bed 20-30 degrees
☐ Keep head of bed flat

Notify provider

☑ Evidence of bleeding
☑ Any change in neurological status
☑ Systolic blood pressure > 150 mmHg or < 110 mmHg and not controlled with Hypertension protocol
☑ Diastolic blood pressure > 105 mmHg or < 60 mmHg and not controlled with Hypertension protocol
☑ Pulse < 50 bpm
☑ Respiratory Rate > 24 bpm
☑ Temperature > 99.6 F in the first 7 days and does not respond to acetaminophen for other cooling measures

☑ Swallow Screening 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
☐ Seizure precautions
☐ Other:_____

Respiratory

- For ventilator orders- Select Ventilator management or ARDS net protocol order sets

☐ Oxygen Delivery RN/RT to Determine to maintain Oxygen saturation greater than 90%

Oxygen administration

☐ Nasal Cannula at _____ Lpm and titrate to maintain Oxygen saturation greater than 90%

☐ 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:_____

IV/ Line Insert and/or Maintain

☑ Peripheral IV insert/maintain ☑ Arterial IV insert/maintain

Initials_____

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IV Fluids

Sodium Chloride 0.9% IV
- ☑ 125 milliliter/hour continuous intravenous infusion

☐ Other:_____

Medications

Reminders
- Evidence for the use of dexamethasone is inconclusive
- For patients with a very high risk of thromboembolism, consider restarting warfarin 7 to 10 days following the onset of symptoms

Hypertension Treatment
- For patients without contraindications who have intracerebral hemorrhage with systolic BP between 150 and 220 mm Hg, consider reduction to < 140 mm Hg.
- For systolic BP greater than 180 mm Hg or mean arterial pressure greater than 130 mm Hg and suspected elevated ICP, consider ICP monitoring and use intermittent or continuous antihypertensive to maintain cerebral perfusion pressure greater than or equal to 60 mm Hg
  - ☑ IF Systolic Blood Pressure > 150 mmHg: Initiate Stroke- Hemorrhagic Hypertension Protocol
  - ☑ IF Diastolic Blood Pressure > 105 mmHg: Initiate Stroke- Hemorrhagic Hypertension Protocol

Antiepileptics
- Appropriate antiepileptic therapy should be used to treat clinical seizures
- Do not give antiepileptic drugs for prophylaxis of seizures

LORazepam (ATIVAN)
- ☐ 4 milligram intravenously once

fosphenytoin (CEREBRYX)
- ☐ 15 milligram/kilogram (as phenytoin equivalents) intravenously once loading dose
- ☐ 100 milligram (as phenytoin equivalents intravenously every 8 hours ; maintenance dose; follow drug and albumin levels

Insulins
- For appropriately selected patients without contraindications who have intracerebral hemorrhage and are admitted to the ICU, consider the use of an insulin infusion for blood glucose levels > 150 mg/dL (8.3 mmol/L).

Please select the Diabetes Management Order Set or Order Insulin Drip (with insulin infusion protocol) for insulin orders

Analgesics/Antipyretics
- Avoid routinely administering high-dose acetaminophen for the prevention of fever

acetaminophen (TYLENOL)
- ☐ 650 milligram orally every 4 hours as needed for mild pain or fever greater than 99.6 F.Notify provider if fever does not respond to acetaminophen or other cooling measures
- ☐ 650 milligram rectally every 4 hours as needed for mild pain or fever greater than 99.6 F.Notify provider if fever does not respond to acetaminophen or other cooling measures

Initials_____

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BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

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
  - ☐ GLYC-HEMOGLOBIN (HGB A1C)
  - ☐ TROPONIN I
  - ☐ UA W/MICROSCOPY, CULT IF INDIC
  - ☐ Other:_____

Morning Draw:

- ☐ CBC/AUTO DIFF
- ☐ PT (PROTIME AND INR)
- ☐ PTT
- ☐ Comprehensive metabolic panel
- ☐ COMPREHENSIVE METABOLIC PANEL
- ☐ Basic metabolic panel
- ☐ BASIC METABOLIC PANEL
- ☐ Magnesium level, plasma
- ☐ MAGNESIUM LEVEL, PLASMA
- ☐ Phosphorus level, plasma
- ☐ PHOSPHORUS LEVEL, PLASMA
- ☐ LIPID PROFILE , fasting
- ☐ DILANTIN (PHENYTOIN) LEVEL
- ☐ ALBUMIN LEVEL
- ☐ Other:_____

Blood Bank

- For patients with an elevated INR, consider the use of clotting factors or fresh frozen plasma
- For patients with severe thrombocytopenia or with a severe coagulation factor deficiency, appropriate platelet transfusions or factor replacement therapy should be given

Fresh Frozen Plasma (FFP) Orders:

FFP (BBK)
- ☐ Quantity: _____
- ☐ If product is for OR, when (if known): _____
- ☐ Special Instructions for Blood Bank: _____

FFP Transfuse Nurse Instructions
- ☐ units to transfuse:_____
- ☐ Hold maintenance IV fluid during transfusion [ ] Yes [ ] No
- ☐ Additional instructions for nursing: _____Use Normal Saline ONLY with transfusion of FFP. May start second Perpheral IV if needed for transfusion

Initials_____

(place patient label here)

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Platelet Orders:

Platelets (BBK)
- ☐ Quantity: _____
- ☐ Irradiated
- ☐ CMV negative
- ☐ If product is for OR, when (if known) _____
- ☐ Special Instructions for Blood Bank: _____

Platelet Transfuse Nurse Instructions
- ☐ units to transfuse:_____
- ☐ Duration:_____
- ☐ Hold maintenance IV fluid during transfusion [ ] Yes [ ] No
- ☐ Additional instructions for nursing: _____Use Normal Saline ONLY with transfusion of platelets. May start second Perpheral IV if needed for transfusion

Radiology and Diagnostic Tests

- For patients who have a depressed mental status out of proportion to the severity of brain injury, consider performing continuous EEG monitoring

ECG
- ☐ stat Reason for exam: _____

MRI, brain, without contrast
- ☐ routine Reason for exam:_____ Addition instructions: Include GRE sequence

MRA, head, without contrast
- ☐ routine Reason for exam:_____

Consult Provider

- For patients who have cerebellar hemorrhage, surgical removal should be performed as quickly as possible
- Provider to provider notification preferred.
- Consult Neurosurgeon:
  - ☐ Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [ ] Yes [ ] No
- Consult Neurologist:
  - ☐ Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [ ] Yes [ ] No

Consult Department

- ☐ Consult Care Coordination Reason for consult: _____

Rehabilitation Assessment- ONE OF THE FOLLOWING MUST BE SELECTED

- For clinically stable patients, early mobilization and rehabilitation should be provided
  - ☐ 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:_____