**ICU Stroke-Hemorrhagic Version 1 5/29/14**

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

Aspiration Screen by nursing prior to oral intake.

Notify provider: with aspiration screening results

Do not begin oral intake until aspiration screening has been completed

Aspiration precautions may discontinue if passes aspiration screening

IF fails aspiration screen 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 ASPIRTATION 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

**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

**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

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