(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

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:_____

ED Stroke-Acute Initial Eval   Version 3   4/29/19

Nursing Orders
- ☑ Document time when last neurologically normal
- ☑ Communication order Perform National Institutes of Health Stroke Scale (NIHSS) and record score
- ☑ Vital signs non unit standard: on arrival and then BP every 5 minutes x3 then every 15 minutes. HR and neuro check every 15 minutes if less than 3 hours since well.
- ☑ Measure weight now and record in kilograms
- ☑ Cardiac monitor
- ☑ Swallow Screening prior to PO intake
- ☑ Aspiration precautions

Respiratory
- ☑ Pulse oximetry continuous
- ☑ Oxygen Delivery via Nasal Cannula at 2 Lpm IF saturation is less than 92%. Titrate as needed to maintain Oxygen saturation greater than 92%

Diet
- ☑ NPO

IV/ Line Placement
- ☑ Peripheral IV insert/maintain

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

Laboratory
Admission/STAT labs
- ☑ CBC/AUTO DIFF
- ☑ Comprehensive metabolic panel
- ☑ Troponin-I
- ☑ PT (PROTIME and INR)
- ☑ PTT
- ☑ LIPID PROFILE
- ☑ UA CULTURE IF INDICATED
- ● For women of childbearing age SELECT:
  - ☐ PREGNANCY TEST, SERUM

Radiology and Diagnostic Tests
CT Head without Contrast
- ☑ stat Reason for exam: Acute Stroke
- ***DO NOT DELAY CT scan for the following:***
ED ECG (ED Provider Only)
- ☑ stat Reason for exam: <u>STROKE SYMPTOMS</u>
- ● Order chest xray only if indicated for pulmonary or cardiac symptoms.
XR Chest single , portable,
- ☐ stat Reason for exam:_____

Initials_____

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Consult Provider

- Provider to provider notification preferred.
  - ☑ Consult Tele-Neurologist: reason for consult _____
    Does nursing need to contact consulted provider? [ ] Yes   [ ] No
  - ☐ Consult Neurologist: reason for consult _____
    Does nursing need to contact consulted provider? [ ] Yes   [ ] No

Provider Signature:_____Date:_____Time:_____