

PHYSICIAN ORDERS

ISCHEMIC STROKE

DATE:	TIME:	P400-Ob ₁
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Admit 6H 3F ICU Other: _____
 Condition: Critical Fair Good
 Allergies: NKDA _____

1. Telemetry
2. Vital signs + neuro checks every 1 hour X 4, then every 4 hours and prn. Notify physician of any neurological changes.
3. Check blood glucose (BG) on arrival and again in 4 hours. If (BG) greater than 120 mg/dl either time, begin [Insulin Infusion for Control of Hyperglycemia SECT 760](#) after transfer to ICU.
4. Document NIH/Stroke Scale on admission, daily and at discharge.
5. Activity: Up ad lib
 Up with assist
 May be up c̄ therapy.
 Strict bedrest with HOB↑30
 Bedrest with BRP
 Turn side to side q̄ 2h while in bed
 Chair daily with assist
 Passive ROM BID to affected extremities
6. Foley
7. SCD's on all patients who cannot ambulate more than 150 feet or have up with assist orders
8. I&O
9. Daily weight
10. Diet: Per [Ischemic Stroke Dysphagia Screen and Diet Orders](#)
 Per: Speech Therapy recommendations
 Other _____.
11. IV Fluids: _____ at _____ ml/h.
12. P.T. evaluate and treat.
 OT evaluate and treat.
 Speech Therapy for MBS or bedside swallow per speech assessment Swallowing: Evaluate and treat
13. Metabolic consult – “NPO post-stroke.”
14. Stroke Education.
15. Smoking Cessation.
16. Social Services
17. Diagnostic Studies
 Head CT, with contrast w/o contrast, indication _____.
 Head CT angio, indication _____.
 MRI Brain, with w/o gadolinium, indication _____.
 MRA cerebral vessels, with w/o gadolinium, indication _____.
 MRA neck vessels, with w/o gadolinium, indication _____.
 Cerebral arteriogram, indication _____.
 Carotid Duplex, indication _____.
 Transcranial Doppler, indication _____.
 Echocardiogram, indication _____.
 TEE, indication _____.
 Chest x-ray, indication _____.
 12 lead ECG, indication _____.

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18. Labs:

- | | |
|---|--|
| <input type="checkbox"/> CBC with diff. | <input type="checkbox"/> Calcium |
| <input type="checkbox"/> PT/INR | <input type="checkbox"/> Magnesium |
| <input type="checkbox"/> PTT | <input type="checkbox"/> Phosphorous |
| <input type="checkbox"/> BMP | <input type="checkbox"/> Prealbumin |
| <input type="checkbox"/> CMP | <input type="checkbox"/> Fasting lipid profile with am lab |
| <input type="checkbox"/> Sed rate | <input type="checkbox"/> Homocysteine |
- Hypercoagulable profile (Protein C, Protein S, Antithrombin III, Lupus Anticoagulating Screen (LAC), Anticardiolipin Antibodies)
- Other: _____.

18. Meds:

- Continue home meds as verified by physician on Medication History and Orders.
- ECASA 325mg PO daily ASA 300mg per rectum every day.
- ECASA 81mg PO daily.
- Aggrenox (or equivalent) 1 tab PO BID.
- Ticlopidine (Ticlid) 250 mg PO BID daily.
- Clopidogrel (Plavix) 75 mg PO daily.
- Warfarin (Coumadin) PO _____ Coumadin teaching.
- Ondansetron (Zofran) 4-8 mg PO IV q̄ 8h prn nausea.
- Acetaminophen (Tylenol) 650 mg for temperature greater than 101.5 F q̄ 4 hours as needed. Per rectum PO ++
- Labetalol 10mg IV over 1-2 minutes for Systolic BP greater than 220 or Diastolic BP greater than 120 give; if BP remains elevated repeat IV Labetalol 10-20 mg q̄ 10-20 minutes to a total dose of 150mg.
- Nicardipine 5 mg/hour IV infusion for Systolic BP greater than 220 or Diastolic BP greater than 120. Titrate until BP is below parameters listed by increasing 2.5mg/h every 5 minutes (maximum dose 15mg/h)
- Maalox (or equivalent) 30 ml PO q̄ 4h prn indigestion.
- Docusate Sodium (Colace) 100 mg PO every day.
- Bisacodyl (Ducolax) suppository per rectum every day.
- SSI, use (BG-100)/40 = + units reg. Insulin for blood glucose greater than 250.
- Sub-Q Heparin _____ units q̄ _____ h.
- Enoxaparin (Lovenox) _____ mg Sub-Q q̄ _____ h.
- St. John's [Neurology Heparin Protocol](#), no boluses ("no boluses" recommended).

19. Other: _____
_____.

++Do not exceed Acetaminophen 4,000 mg/day from all sources combined.

_____ # _____
Physician Signature

APPROVED BY: Neurology
REVISED: 4/13/06

EXPIRES: 12/2008

GENERIC OR APPROVED THERAPEUTIC SUBSTITUTION AUTHORIZED UNLESS ORDER ASTERISKED.