

PHYSICIAN ORDERS

TRANSIENT ISCHEMIC ATTACK

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ P402-Ob

Admit:  Neuro Intermediate  Other: \_\_\_\_\_  Inpatient  Observation  
Condition:  Fair  Good  
Allergies:  NKDA  \_\_\_\_\_

1. Telemetry
2. Vital signs + neuro checks \_\_\_\_\_. Notify physician of any neurological changes.
3. Document NIH/Stroke Scale on admission, 24h and at discharge.

4. Activity:  Up ad lib  
 Up with assist  
 Strict bedrest with HOB↑30  
 Bedrest with BRP  
 Turn q 2h while in bed

5. I&O

6. Daily weight

7. Diet:  Regular  
 NPO except meds  
 Other \_\_\_\_\_.

8. IV Fluids: \_\_\_\_\_ at \_\_\_\_\_ ml/h.

9. Stroke Education.

10. Smoking Cessation.

11.  Social Services

12. Diagnostic Studies

- Head CT,  with contrast  w/o contrast, indication \_\_\_\_\_.
- Head CTA, 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 \_\_\_\_\_.
- Echocardiogram, indication \_\_\_\_\_.
- TEE, indication \_\_\_\_\_.
- Chest x-ray, indication \_\_\_\_\_.
- 12 lead ECG, indication \_\_\_\_\_.

13. Labs:

- CBC with diff.  Calcium
- PT/INR  Magnesium
- PTT  Phosphorous
- BMP  Prealbumin
- CMP  Fasting lipid profile with am lab
- Sed rate
- Hypercoagulable profile (Protein C, Protein S, Antithrombin III, Lupus Anticogulating Screen (LAC), Anticardiolipin Antibodies, Homocysteine)
- Other: \_\_\_\_\_.

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14. Meds:

- Continue home meds as verified by physician on Admission Home Med. sheet.
- ECASA 325mg PO q̄ day  ASA 300mg per rectum q̄ day.
- ECASA 81mg PO q̄ day.
- Aggrenox (or equivalent) one tab PO BID.
- Ticlopidine (Ticlid) 250mg PO BID.
- Clopidogrel (Plavix) 75mg PO q̄ day.
- Warfarin (Coumadin) PO \_\_\_\_\_  Coumadin teaching
- Ondansetron (Zofran) 4-8mg  PO  IV every 8h prn nausea.
- Acetaminophen (Tylenol) 650mg per rectum for temperature > 101.5 F q̄ 4 hours as needed. ++
- Labetalol 10mg IV over 1-2 minutes for Systolic BP greater than 230 or Diastolic BP greater than 120  
If BP remains elevated, titrate IV Labetalol 10-20mg at not less than 10 minute intervals to a total dose not to exceed 150 mg .
- Maalox (or equivalent) 30 ml PO q̄ 4h prn indigestion.
- Docusate Sodium (Colace) 100mg PO q̄ day.
- Bisacodyl (Ducolax) suppository per rectum q̄ day/prn constipation.
- Sliding Scale Insulin every six hours, use (BG-100)/40 = + units reg. Insulin for blood glucose greater than 250.
- Sub-Q Heparin \_\_\_\_\_ units every \_\_\_\_\_ h.
- Enoxaparin (Lovenox) \_\_\_\_\_ mg Sub-Q every \_\_\_\_\_ h.
- St. John's Neurology Heparin Protocol,  no boluses ("no boluses" recommended).

15. Other: \_\_\_\_\_  
\_\_\_\_\_.

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

\_\_\_\_\_ # \_\_\_\_\_  
Physician Signature

**APPROVED BY: Neurology**

**Revised: 10/31/06**

**Initiated: 9/20/02**

**Expires:12/2008**

GENERIC OR APPROVED THERAPEUTIC SUBSTITUTION AUTHORIZED UNLESS ORDER ASTERISKED.

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