ALL orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes ( ) are unchecked

**NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult**

**Activity**
- Bedrest (DEF)*
- Increase as tolerated

**Diet**
- Diet Order
- Diet Order
- NPO
- Diet Order

**Nursing Orders**
- Quality Measures STK
- Neuro Checks
  - Q4H, Include Glasgow Coma Scale (DEF)*
  - Q1H, Include Glasgow Coma Scale
  - Q2H
  - Q3H
- Telemetry
- Vital Signs Orthostatic
  - Q8H, 3 times
- Blood Glucose Monitor POC
  - Q6H (DEF)*
  - 5XDAILY ACHS&0200
- Bedside Swallow Screen
  - If patient not cleared, insert short term feeding tube.
- Patient Education
  - Advanced Directives, Atrial Fibrillation, Coumadin therapy, High blood pressure, high cholesterol, Brain Attack, Pathways: Moving beyond stroke, Stroke: Reducing the risk.
- Physician has reviewed Inclusion/Exclusion Criteria
- Notify Physician
  - Pulse GREATER than 100 or LESS than 60 BPM, Respirations GREATER than 30 or LESS than 8 per minute, Temperature GREATER than 100.4 degF, or O2 Sat LESS than 95%.
- Notify Physician
  - Urinary Output Less Than 240 mL per 8 hours
- Notify Physician
  - Systolic Blood Pressure Greater Than 180 mmHg (DEF)*
  - Systolic Blood Pressure Greater Than 200 mmHg
- Notify Physician
  - Systolic Blood Pressure Less Than 140 mmHg (DEF)*
  - Systolic Blood Pressure Less Than 160 mmHg

**PHYSICIAN SIGNATURE_________________________________________ DATE __________ TIME _______**

**DRUG ALLERGIES**

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.
ALL orders are active unless:
1. Order is manually lined through to inactivate
2. Orders with check boxes ( ) are unchecked

**DRUG AND TREATMENT ORDERS**

NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult

Notify Physician

- Diastolic Blood Pressure Greater Than 90 mmHg (DEF)*
- Diastolic Blood Pressure Greater Than 100 mmHg
- Diastolic Blood Pressure Greater Than 110 mmHg

Notify Physician

- Diastolic Blood Pressure Less Than 60 mmHg (DEF)*
- Diastolic Blood Pressure Less Than 80 mmHg

Communication Order

- No sedatives or sleeping pills for 24 hours. (DEF)*
- No sedatives or sleeping pills for 48 hours.

☐ Reason Referral for Addictions Treatment Not Provided

**Medications**

☐ Reason Alcohol/Substance Abuse Medication Not Prescribed

☐ Reason Tobacco Cessation Med Not Given

☐ GEN Hypoglycemia (SUB)*

***Reminder: Order GEN Hypoglycemia (SUB) on a separate form***

☐ MED Low Intensity Heparin (SUB)*

***Reminder: Order MED Low Intensity Heparin (SUB) on a separate form***

**Anticoagulants**

☐ Reason Anticoagulation Therapy Not Prescribed DC

Warfarin (Coumadin)

- 1 mg tab PO ONCE, STAT (DEF)*
- 2 mg tab PO ONCE, STAT
- 2.5 mg tab PO ONCE, STAT
- 5 mg tab PO ONCE, STAT
- 7.5 mg tab PO ONCE, STAT
- 10 mg tab PO ONCE, STAT

Warfarin (Coumadin)

- 1 mg tab PO DAILY14 (DEF)*
- 2 mg tab PO DAILY14
- 2.5 mg tab PO DAILY14
- 5 mg tab PO DAILY14
- 7.5 mg tab PO DAILY14
- 10 mg tab PO DAILY14

☐ GEN Venous Thromboembolism Prophylaxis (VTE) (SUB)*

***Reminder: Order GEN Venous Thromboembolism Prophylaxis (VTE) (SUB) on a separate form***

☐ Reason for Oral Factor Xa Inhibitor

☐ Reason Stroke VTE Prophylaxis Not Ordered

---

**PHYSICIAN SIGNATURE** ________________________________ **DATE** __________ **TIME** __________

**DRUG ALLERGIES**

WT: ________ KG: ________

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.
ALL orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes ( ) are unchecked

DRUG AND TREATMENT ORDERS
NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult

Antithrombotic

***(NOTE)*** Address both questions separately by either ordering the appropriate medications or choosing a reason from the drop down boxes for not being given.

☐ Reason IV Thrombolytic Therapy Not Initiated
☐ Reason Antithrombotics Not Given by End Day 2
☐ Reason Antithrombotic Therapy Not Prescribed DC

clopidogrel (Plavix)

☐ 75 mg tab PO DAILY (DEF)*
☐ 75 mg tab PO ONCE, STAT

aspirin

☐ 325 mg tab EC PO DAILY (DEF)*
☐ 324 mg tab chew NG TUBE DAILY
  Comments: Use 4 81mg tabs.
☐ 81 mg tab chew PO DAILY
☐ 300 mg supp PR DAILY

☐ Reason Aspirin Not Given on Arrival
☐ Reason Aspirin Not Prescribed at Discharge

aspirin-dipyridamole (Aggrenox)

☐ 1 cap PO cap ER BID
  Comments: Administer Tylenol as ordered with Aggrenox

acetaminophen (Tylenol)

☐ 325 mg tab PO BID
  Comments: Give with Aggrenox. Frequency: 9am and 9pm.

Miscellaneous

docusate (Colace)

☐ 100 mg cap PO DAILY (DEF)*
☐ 100 mg liquid NG TUBE DAILY

ranitidine (Zantac)

☐ 150 mg tab PO BID (DEF)*
  Comments: Pharmacy to renal dose adjust
☐ 50 mg inj IV PUSH Q8H
  Comments: Pharmacy to renal dose adjust

***(NOTE)*** For Creatinine clearance LESS than or EQUAL to 50 mL/min, order Zantac below:

ranitidine (Zantac)

☐ 50 mg inj IV PUSH Q12H (DEF)*
☐ 150 mg tab PO DAILY

PHYSICIAN SIGNATURE ____________________________ DATE __________ TIME _______

DRUG ALLERGIES WT: KG

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.
ALL orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes ( ) are unchecked

DRUG AND TREATMENT ORDERS
NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult

**Statins**
- Reason Statin Not Prescribed at Discharge
  - simvastatin (Zocor)
    - 10 mg tab PO BEDTIME (DEF)*
    - 20 mg tab PO BEDTIME
    - 40 mg tab PO BEDTIME
    - 80 mg tab PO BEDTIME
  - atorvastatin (Lipitor)
    - 20 mg tab PO BEDTIME (DEF)*
    - 40 mg tab PO BEDTIME
    - 80 mg tab PO BEDTIME

**PRN Medications**
- acetaminophen (Tylenol)
  - 650 mg tab PO Q6H, PRN Other (see comment) (DEF)*
    - Comments: PRN pain mild OR temperature GREATER than 100 degrees Fahrenheit. Give if GREATER than 4 hours since last dose acetaminophen given.
  - 650 mg supp PR Q6H, PRN Other (see comment)
    - Comments: PRN pain mild OR temperature GREATER than 100 degrees Fahrenheit. Give if GREATER than 4 hours since last dose acetaminophen given.
  - 650 mg tab chew NG TUBE Q6H, PRN Other (see comment)
    - Comments: PRN pain mild OR temperature GREATER than 100 degrees Fahrenheit. Give if GREATER than 4 hours since last dose acetaminophen given.
- metoclopramide (Reglan)
  - 10 mg inj IV PUSH Q8H, PRN Nausea/Vomiting (DEF)*
  - 10 mg syrup DOBHOFF Q8H, PRN Nausea/Vomiting
  - 10 mg tab PO Q8H, PRN Nausea/Vomiting
- bisacodyl (Dulcolax)
  - 10 mg tab EC PO DAILY, PRN Constipation (DEF)*
  - 10 mg supp PR DAILY, PRN Constipation

**IV Solutions**
- Sodium Chloride 0.9% (Normal Saline)
  - IV bag Rate: 10 mL/kg, Duration: 1 dose
    - Comments: Administer x 1 liter and discontinue
  - Sodium Chloride 0.9% (NS)
    - IV bag Rate: 100 mL/hour (DEF)*
    - IV bag Rate: 75 mL/hour
    - IV bag Rate: 50 mL/hour

Physician Signature _________________________________ Date __________ Time _______

DRUG ALLERGIES __________________________________________ WT: ________ KG:

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.
ALL orders are active unless: 1. Order is manually lined through to inactivate  2. Orders with check boxes ( ) are unchecked

**DRUG AND TREATMENT ORDERS**

**NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult**

- [ ] SUB Hypercoagulation Panel (SUB)*
  - Protein C Activity
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Protein S Activity
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Anticardiolipin AB IgG IgM IgA
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Lupus Anticoagulant Profile
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Factor 5 Leiden Plasma
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Factor 8 Assay
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Homocysteine Level
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Antithrombin III Level
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - MTHFR
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Prothrombin Genotype
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Protein Electrophoresis
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - PT INR
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - PTT
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible
  - Folate Level
    - STAT, BLOOD
    - Comments: draw stat before starting anticoagulation if possible

**PHYSICIAN SIGNATURE** ___________________________ DATE _______ TIME _______

**DRUG ALLERGIES**

WT: _____ KG

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.
ALL orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes ( ) are unchecked

DRUG AND TREATMENT ORDERS
NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult

Laboratory

☐ Reason LDL-c Not Done

☐ ESR
  Expedite/ASAP, BLOOD, ONCE

☐ Homocysteine Level
  Expedite/ASAP, BLOOD, ONCE

☐ Prealbumin Serum
  Expedite/ASAP, BLOOD, ONCE

☐ ANA Screen w/reflex ANA COMR
  Expedite/ASAP, BLOOD, ONCE

☐ Serum B12 level
  Expedite/ASAP, BLOOD, ONCE

☐ Vitamin D
  Expedite/ASAP, BLOOD, ONCE

☐ Hemoglobin A1C
  Expedite/ASAP, BLOOD, ONCE

☐ TSH Serum
  Expedite/ASAP, BLOOD, ONCE

☐ Thyroxine Free
  Expedite/ASAP, BLOOD, ONCE

☐ CRP
  Expedite/ASAP, BLOOD, ONCE

☐ Lipid Profile
  Early AM, BLOOD, ONCE
  Comments: Patient needs to be fasting

☐ CBC.
  Early AM, BLOOD, DAILY

☐ BMP
  Early AM, BLOOD, DAILY

☐ Cardiac Enzymes
  Routine, BLOOD

☐ Urinalysis
  Routine, URINE, ONCE

Urinalysis Culture
  ☐ Routine, Urine, Clean Catch, ONCE (DEF)*
  ☐ Routine, Urine, Catheter, ONCE

☐ Toxicology Screen 12 - Urine
  Routine, URINE, ONCE

☐ Serum Ferritin
  Routine, BLOOD, ONCE

PHYSICIAN SIGNATURE ___________________________ DATE __________ TIME _______

DRUG ALLERGIES ___________________________ WT: _______ KG _______

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.
ALL orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes ( ) are unchecked

**DRUG AND TREATMENT ORDERS**

**NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult**

**Radiology**

- MRI Stroke (SUB)*
  
  ***Reminder: Order MRI Stroke (SUB) on a separate form***

- MR Brain for TIA
  
  Possible TIA, Stat, Pending Discharge - No, ONCE

- MR Brain w/wo Contrast
  
  Possible stroke, Pending Discharge - No, ONCE

- MR Brain w/ Contrast
  
  Possible Stroke, Pending Discharge - No, ONCE

- MR Angio Head w/ Contrast
  
  Possible stroke, Pending Discharge - No, ONCE

- MR Angio Neck w/ Contrast
  
  Possible stroke, Pending Discharge - No, ONCE

- MR Angio Neck w/o Contrast
  
  Possible Stroke, Pending Discharge - No, ONCE

- CT Angio Head/Neck w/wo Contrast
  
  Possible Stroke, Pending Discharge - No, ONCE

- US Carotid Doppler Scan
  
  Possible Stroke, Pending Discharge - No, ONCE

- US Transcranial Doppler Scan
  
  Possible stroke, Pending Discharge - No, ONCE

- Transcranial Doppler with Microbubble Inj
  
  Possible Stroke/TIA, Pending Discharge - No, ONCE, With bubble study

**Respiratory**

- Oxygen Therapy.
  
  Nasal Cannula, 2, Notify Physician if O2 Sat Less than 95%
  
  Comments: O2 at 2L per min. Titrate to maintain oxygen sats of at least 95%.

- EKG Standard
  
  Routine, If not done in ED.

- Pulse Oximetry (Continuous)
  
  Special Instructions: Stat, Q12H
  
  Comment: Q8H sensor site must be inspected. IF circulatory condition or skin integrity has changed, the sensor site should be applied to a different site.

**Cardiology**

- Transthoracic Echocardiogram
  
  Routine, ONCE

- TEE
  
  Routine, ONCE
  
  Comments: Reason for exam: Possible stroke

**Diagnostics**

- EEG Routine
  
  Routine, ONCE
  
  Comments: Reason for exam: Possible seizure

**PHYSICIAN SIGNATURE ______________________________ DATE __________ TIME _______**

**DRUG ALLERGIES**

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.

**ORDERS**

REV: Page 7 of 8
ALL orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes ( ) are unchecked

**DRUG AND TREATMENT ORDERS**

**NEURO Ischemic Stroke/Transient Ischemic Attack (TIA) Consult**

**Consults**

- [ ] Consult Physician
  - Neurology, Stroke patient
  - Pulmonary/Critical Care, Stroke
- [ ] Consult Physician
  - Cardiology, Stroke

**Social Work Consult**

- [ ] Routine, Discharge Planning, Physician, Stroke patient for Rehab disposition. (DEF)*
- [ ] Other - See Special Instructions, Assess for Discharge Needs

- [ ] Consult PT
  - Stroke Patient

- [ ] Consult OT
  - Stroke Patient

- [ ] Consult Speech Therapy
  - Stroke Patient

**PHYSICIAN SIGNATURE ________________________________ DATE __________ TIME _______**

**DRUG ALLERGIES**

WT: KG

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.