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| **HEMORRHAGIC STROKE – ADMISSION ORDERS** (For patients with non-traumatic hemorrhagic stroke.) |
| ***Provider to check appropriate boxes. These orders are not implemented until signed by provider.******☒ =Best practice. Provider must cross out pre-checked order if not desired.******\*CMS STROKE CORE MEASURE*****1. Admit to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2. Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**3. Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**4. Condition:** ☐ Guarded         ☐ Critical          ☐ Serious     ☐ Stable**5. Nursing:** ☒ Vital Signs (HR, BP, Sp02, RR) every 4 hours at minimum☒ Neuro Checks every 4 hours at minimum☒ NIHSS on arrival from ED and every shift  ☒ Notify provider for NIHSS increase of 4 points or more☒ Supplemental oxygen to maintain Sp02 greater than 94% or as ordered: \_\_\_\_\_\_\_☒ Place on telemetry ☒ EKG ☒ Head of bed 30 degrees ☒ Fingerstick blood glucose ac and hs. Call if over 180mg/dL or less than 60mg/dL to receive treatment instructions☒ Stroke Education\* on patient’s stroke risks, stroke signs, use of 9-1-1, medications and follow-up appointments.☐ Tobacco Cessation. Referral to Montana QuitLine as indicated**6. Activity:**☐ Activity as tolerated ☐ Bedrest**7. Diet:**☒ Nursing swallow screen for dysphagia prior to any oral intake☐ Advance diet as tolerated after passing dysphagia screen☐ NPO☐ Aspiration precautions**8. VTE prophylaxis\*:**☒ Intermittent pneumatic compression devices to bilateral legs☐ Contraindication to VTE prophylaxis. Reason: **9. IV Therapy:** ☐ IV NS @\_\_\_cc/hr ☐ Saline lock IV**10. Antiemetic:**☐Ondansetron 4mg IV every \_\_\_\_ hours for nausea☐ Metoclopramide   \_\_\_ mg slow IV every \_\_\_\_ hours for nausea**11. Fever:**☐ Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C) |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |

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| **12. Pain Management:**☐ Morphine \_\_\_mg IV every \_\_\_\_\_\_\_ as needed for pain☐ Fentanyl \_\_\_mcg slow IV every \_\_\_\_\_\_\_as needed for pain☐ Dilaudid \_\_\_ mg IV every \_\_\_\_\_ as needed for pain **13.  Acute Seizure Abortive Therapy:**☐ Lorazepam (Ativan) \_\_\_\_ mg IV Push (2-4 mg is recommended)  ☐ For seizure that reoccurs within 5 minutes, repeat lorazepam, and consult neurosurgery**14.  Blood Pressure Management:**☒ Maintain BP less than 140/90. ☒ Consult with neurology/neurosurgery for patient specific BP parameter recommendations.☒ Notify provider if unable to achieve BP goal with PRN antihypertensives.**Nitrates are not advised for stroke BP management**

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| ☐ | Labetalol (NORMODYNE®, TRANDATE®)  | First line therapy:10 mg IV over 2 minutes PRN SBP greater 140, DBP greater than 90 (on 2 or more consecutive BP checks at least 10 minutes apart) with HR greater than 60 bpm. May repeat and/or increase to 20 mg every 10 minutes. If BP uncontrolled after 2 doses or 20 minutes, consider continuous infusion options below.  |
| ☐ | Nicardipine (CARDENE®) infusion2.5-15 mg/hour continuous IV infusion | 5 mg/hour initial doseTitrate to desired effect by increasing 2.5 mg/hour every 5 minutes to a maximum of 15 mg/hour. |
| ☐ | Clevidipine (Cleviprex®) infusion1-2 mg/hour continuous IV infusion | 1-2 mg/hour,Titrate to desired effect by doubling dose every 2-5 minutes to a maximum of 21 mg/hour. |
| ☐ | Nitroprusside (NIPRIDE®) infusion0.1-10 mcg/kg/min continuous IV infusion | 0.1 mcg/kg/minute initial dose Titrate to desired effect by increasing 0.5 mcg/kg/minute every 5 minutes to a maximum of 10 mcg/kg/minute |
| ☐ | Hydralazine (APRESOLINE®)  | Alternative first line therapy if HR less than 60 bpm:20 mg IV over 2 minutes PRN SBP greater than 140, DBP greater than 90 (on 2 or more consecutive BP checks at least 10 minutes apart).If BP remains elevated after one dose or 20 minutes, consider continuous infusion options above.  |

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| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |
| **15.  Labs: (ordered for today and now unless otherwise specified)**☒ Hemoglobin A1c ☐ Troponin☐ CBC ☐ Urinalysis☐ Metabolic panel: \_\_\_\_\_\_\_\_\_\_\_ ☐ Drug Screen☐ PT/INR ☐ Alcohol Level☐ PTT ☐ Fasting lipid panel in AM ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**16. Diagnostics and Imaging:**☐ Non- contrast head CT Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ MRI brain Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**17. Consultations:** ☐ Neurology ☒ Discharge Planner/ Case Management ☐ Neurosurgery ☐ Diabetic Education☒ Physical Therapy \* ☐ Palliative Care☒ Occupational Therapy\* ☐ Spiritual Care☒ Speech therapy\* ☐ Nutrition **18. Additional orders:**   |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |
| **Verbal order from**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider)Nursing signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Patient Identification** |
| Rev. 8/18, Rev. 11/21 |