

Allergies: NKDA _____
 Diagnosis: _____ Status: Inpatient Observation Admit to: CCU S4
 Attending Physician: _____ Neurology Consult: _____

NURSING INTERVENTIONS: (Check box/ fill in to activate. Line through to cancel pre-checked orders)

- Intake & Output
- Cardiac Monitoring
- Sequential Compression Device (SCD) while in bed
- O₂ at 0-6 L/M via nasal cannula PRN to keep SaO₂ greater than 92%
- Patient Education: Provide stroke education material and Smoking Cessation Education (if smoker)
- NIHSS every 12 hours
- Post-void residual (PVR) by bladder ultrasound every 6 hours
 - If PVR less than 75 mL X 3, then check PVR PRN
 - If PVR great than 150 mL, straight cath and repeat ultrasound in 6 hours

Vital Signs:

- Vital signs every 2 hours X 4, then every 4 hours
- Neuro checks (Glasgow Coma Scale, limb strength, pupils) every 2 hours X 4, then every 4 hours

Vital Signs on arrival in CCU post IV tPA and intra-arterial procedures:

- Vital signs every 15 minutes X 2 hours, then every 30 minutes X 6 hours, then every 1 hour X 16 hours
- Neuro checks (Glasgow Coma Scale, limb strength, pupils) every 15 minutes X 2 hours, then every 30 minutes X 6 hours, then every 1 hour X 16 hours

Activity:

- Activity as tolerated
 - Head of bed flat
 - Bed rest
 - Up in chair
 - Bed rest with bathroom privileges
 - Ambulate with assistance
- Other: _____

Notify Physician if:

- Deterioration of neurological status
- Temperature greater than 38.5° C, initiate:
 - STAT portable Chest X-Ray 1 view
 - Urinalysis (Straight cath if no indwelling cath)
 - Blood Cultures X 2
- Greater than 6 L/M O₂ needed to maintain SaO₂ greater than 92%

DIETARY: (Check box/ fill in to activate. Line through to cancel pre-checked order)

- NPO
- NPO until swallow eval by Speech Pathology or screened by Certified Swallow Screen RN
 After swallow evaluation completed, DIET order: Regular Other: _____
- Texture (of diet) per Speech Pathology or Certified Swallow Screen RN: _____

IV THERAPY: (Check box/ fill in to activate)

- Saline Lock
- Normal Saline to infuse at _____ mL/ hour
- Other Fluid: _____ to infuse at _____ mL/ hour

Physician Signature

Date

Time



LABORATORY/ DIAGNOSTICS: If not done in ED (Check box/ fill in to activate. Line through to cancel pre-checked orders)

- STAT CVA Profile (Comprehensive Metabolic Panel, Complete Blood Count, Prothrombin time (PT), Partial thromboplastin time (PTT), Fibrinogen, Troponin I)
 - STAT ECG
 - STAT portable Chest X-Ray 1 view
 - Lipid Panel in AM
 - Urinalysis (culture if indicated)
 - Hemoglobin A1C
 - Homocysteine
 - CTA Head with contrast
 - MRA Head with contrast
 - Transesophageal Echo
 - Head CT without contrast
 - C-reactive protein (CRP)
 - Carotid Ultrasound, Duplex/ Doppler
 - MRI Brain without contrast
 - Transthoracic Echo
- If TEE or TTE ordered, Physician: (name) _____ to read Reason for test: Stroke

CONSULTS/ DISCHARGE PLANNING:

- Swallow evaluation by Speech Pathology (SP); treat as appropriate
- SP evaluation for communication/cognitive screen; treat as appropriate
- Occupational Therapy (OT) ADL evaluation; treat as appropriate. May initiate referral to Physiatry
- Physical Therapy (PT) mobility evaluation; treat as appropriate. May initiate referral to Physiatry
- Nutrition Screen
- Care Management for family assistance and discharge planning

MEDICATIONS: (Check box/ fill in to activate. Line through to cancel pre-checked orders)

Pharmacist may adjust doses for age or renal function

Target Blood Pressure - Systolic: 110 – 220 mmHg or: _____ Diastolic: 70 – 120 mmHg or: _____ (see treatment guidelines on back)	
<input checked="" type="checkbox"/> labetalol 10 mg IV over 1 - 2 minutes every 10 minutes PRN elevated blood pressure, not to exceed 300 mg total. If target blood pressure is not achieved, or DBP is greater than 140 mmHg, notify physician	Blood Pressure
<input checked="" type="checkbox"/> <i>SubQ Sliding Scale Insulin Orders</i>	Blood Glucose
<input type="checkbox"/> heparin 5000 units subcutaneously every 8 hours <input type="checkbox"/> heparin 5000 units subcutaneously every 12 hours <input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously daily	VTE Prophylaxis
<input type="checkbox"/> enteric coated aspirin 81 mg PO daily <input type="checkbox"/> enteric coated aspirin 325 mg PO daily	Platelet Inhibition
<input type="checkbox"/> aspirin 25 mg/ dipyridamole 200 mg (AGGRENEX) extended release 1 PO BID <input type="checkbox"/> clopidogrel (PLAVIX) 75 mg PO daily	
<input type="checkbox"/> simvastatin (ZOCOR) 40 mg PO every HS	Lipid Reducer
<input type="checkbox"/> <i>Heparin Infusion Orders - Acute Ischemic Stroke</i>	Anticoagulation IV
<input type="checkbox"/> warfarin (COUMADIN) per pharmacist. Goal INR 2 – 3 or: _____	Anticoagulation PO
<input type="checkbox"/> famotidine (PEPCID) 20 mg PO/ IV every 12 hours	Acid Reducer
<input type="checkbox"/> multivitamin 1 tab PO daily. If NPO, 1 vial multivitamins in Normal Saline IV to infuse daily over 8 hours	Supplement
<input type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools If docusate ineffective, magnesium hydroxide (MOM) concentrate 10 mL PO daily PRN	Constipation

Physician Signature

Date

Time



MEDICATIONS: (Check box to activate. Line through to cancel pre-checked order)

Pharmacist may adjust doses for age or renal function

*Not to exceed 4000 mg of acetaminophen/ 24 hours. **If 65 or older**, not to exceed **3000 mg** of acetaminophen/ 24 hours

<input type="checkbox"/> morphine 2 – 4 mg IV every 4 hours PRN If allergic, HYDROMORPHONE (DILAUDID) 0.25 – 1 mg IV every 3 hours PRN Hold for sedation or SBP less than 90 mmHg. If pain unrelieved in 3 hours, notify physician	Severe Pain (7-10) IV
<input type="checkbox"/> *oxyCODONE 5 mg/ acetaminophen 325 mg (PERCOCET) 1 - 2 tabs PO every 4 hours PRN	Severe Pain (7-10) PO
<input type="checkbox"/> *HYDROcodone 5 mg/ acetaminophen 325 mg (NORCO) 1 tab PO every 4 hours PRN Hold for sedation or SBP less than 90 mmHg. If pain unrelieved in 4 hours, notify physician	Moderate Pain (4-6)
<input type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting
<input checked="" type="checkbox"/> *acetaminophen (TYLENOL) 650 mg PO/ PR every 4 hours PRN	Mild Pain (1-3), Headache, Temp > 37.5° C
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older) May repeat X 1	Insomnia

Other: _____

Physician Signature

Date

Time

SUGGESTED ANTIHYPERTENSIVE THERAPY FOR PATIENTS WITH ACUTE STROKE

Treatment Guidelines Only – Not Medication Orders

Note: These suggestions are consensus rather than evidence-based and should be individualized, with consideration given to clinical status and baseline BP

Blood Pressure* (BP)	Treatment
MANAGEMENT OF BP FOR PATIENTS INELIGIBLE FOR t-PA THERAPY	
DBP greater than 140 mmHg	1. Sodium nitroprusside 0.5 mcg/kg/minute with a goal of 10 - 20% reduction in DBP
SBP greater than 220, DBP 121 - 140, or MAP greater than 130 mmHg	1. Labetalol 10 - 20 mg IV push over 1 - 2 minutes. May repeat or double labetalol dose every 20 minutes, to a maximum of 300 mg
SBP less than 220, DBP less than or equal to 120 or MAP less than 130 mmHg	1. Emergency antihypertensive therapy is deferred in the absence of aortic dissection, AMI, severe CHF, or hypertensive encephalopathy
MANAGEMENT OF BP FOR PATIENTS RECEIVING t-PA THERAPY	
SBP greater than 185 or DBP greater than 110 mmHg	<ol style="list-style-type: none"> 1. Nitroglycerin 2% ointment 1 - 2 inches 2. Labetalol 10 - 20 mg IV push over 1-2 minutes 3. Nicardipine IV infusion at 5 mg/ hour, titrate by 0.25 mg/ hour in 5 - 15 minute intervals, maximum dose 15 mg/ hour; when desired blood pressure attained, reduce to 3 mg/ hour if BP is not reduced to and maintained less than 185/100 mmHg 4. Do not administer fibrinolytics
MANAGEMENT OF BP FOR PATIENTS DURING AND AFTER TREATMENT	
DBP greater than 140 mmHg	1. Sodium nitroprusside 0.5 mcg/ kg/ minute
SBP greater than 230 or DBP 121 - 140 mmHg	<ol style="list-style-type: none"> 1. Labetalol 10 mg IV push over 1 - 2 min. May repeat or double labetalol dose every 10 minutes, to a maximum of 300 mg. After initial control, may start labetalol drip 2. Nicardipine IV infusion at 5 mg/ hour, titrate up to desired effect by increasing 2.5 mg/hour every 5 minutes to maximum of 15 mg/hour 3. Sodium nitroprusside IV infusion at 2 mg/minute can be considered if BP is not controlled
SBP 180 - 230 or DBP 105 - 120 mmHg	1. Labetalol 10 mg IV push over 1 - 2 minutes. May repeat or double labetalol dose every 10 minutes to a maximum of 300 mg. After initial control, may start labetalol drip