Computerized Order Entry Form

Please complete all sections of this page before proceeding to the order sets

Physician: ________________________ **Contact Number:** _________
Name

Patient Name: __________________ ______________
Last First

Medical Record Number: _____________ **Age:** _____

CODE STATUS:

☐ **FULL CODE**
- ☐ With Advanced Directive for no prolonged life support

☐ **Limited CODE**
- ☐ No Intubation
- ☐ No Chest Compression
- ☐ No Defibrillation
- ☐ No Chest Compression, no Defibrillation
- ☐ No Intubation, no Defibrillation
- ☐ No Chest Compression, no Intubation
- ☐ No Intubation, no Defibrillation, no Chest Compression

☐ **NO CODE**
- ☐ Terminal comfort care

☐ CODE STATUS is unobtainable from the patient or family member. An order for FULL CODE has been written pending an ability to obtain a CODE STATUS determination.

☐ **OTHER:**___________________________________

Stroke Orders – Ischemic and Hemorragic

- If stroke presents less than 6 hours from onset, obtain emergency CT scan of head (non-contrast). Assess for TPA candidacy.

Contingency

☐ Notify MD if if neurological status worsens
☐ Notify MD if temperature >38 C and unresponsive to treatment
☐ Notify MD if systolic blood pressure > 220 and unresponsive to treatment
☐ Notify MD if SBP < 90 or drops more than 30% and is unresponiive to treatment
☐ Notify MD if if diastolic blood pressure > 110 and unresponsive to treatment
☐ Notify MD if if heart rate < 50 or > 125
☐ Notify MD if O2 sat < 92% or patient requires oxygen to maintain O2 sats > 92%
☐ Notify MD if blood glucose < 70 or > 180 mg/dL (x 2 consecutive measurements)

Interventions

☐ Elevate head of bed greater than 30 degrees
☐ Follow fall risk protocol
☐ Turn patient Q 2hrs, check skin and pressure points for breakdown
☐ Foley cath to gravity drainage if unable to void

Respiratory

☐ Oxygen per protocol Titrate to 02 sat. > = 92%, notify MD if >4L/min needed

Patient Education

☐ Smoking Cessation Education if indicated
☐ Patient Education on stroke care before discharge.

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Date Time Physician Signature

Diet

- ☐ NPO until swallow screen is completed and passed. Screener will then order and advance the appropriate diet for the patient.
- ☐ NPO except for medications
- ☐ Advance Diet as Tolerated

Medications for Ischemic Strokes

Anticoagulants / Platelet Inhibitors

- ☐ AGGRENOX 1 capsule orally 2 times a day
- ☐ clopidogrel 75 milligram tablet orally daily
- ☐ aspirin 81 milligram tablet, chewable once a day
- ☐ aspirin 162 milligram tablet, chewable once a day
- ☐ aspirin 325 milligram tablet, delayed release (E.C.) orally once a day
- ☐ aspirin 300 milligram suppository rectally once
- ☐ warfarin 5 milligram tablet orally once

- In adjusting warfarin, please order daily PT/INR
- Avoid the routine use of a therapeutic dose of low-molecular-weight heparin Evidence
- Avoid the routine use of a therapeutic dose of unfractionated heparin Evidence

Antihypertensives for Ischemic strokes

- Avoid antihypertensive therapy unless the patient's blood pressure exceeds 220/120 Evidence
  - ☐ labetalol 10 milligram intravenous push every 30 minutes prn to maintain BP < 220/120. Give each dose over 1-2 minutes. Max total dose 300 mg. Hold for HR < 50
  - ☐ Hydralazine 20 milligram intravenous push every 4 hours prn a SBP greater than 220/120
  - ☐ niCARdipine Use if no response to labetalol. Start 5 mg/hr. Maintain BP < 220/120

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Date Time Physician Signature

☐ Nitroprusside Infusion 50 mg/ 250mL D5W Use if no response to labetalol or nicardipine or SBP > 240. Start 0.5 mcg/kg/min. Titration range 0-10 mcg/kg/min to maintain BP < 160/90. Monitor for hypotension. Avoid excessive drop in pressure.

- If nipride infusion continues >96 hours, monitor thiocyanate levels.

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Medications for Hemorragic Strokes

- Make sure to DISCONTINUE ALL ANTI-PLATELET DRUGS (ASA, clopidogrel, ticlopidine, Aggrenox) AND WARFARIN
  - ☐ Vitamin K 10 mg/ml INJ diluted in 50 mL saline or D5W intravenously for 30 minute monitor BP during infusion

Antihypertensives for hemorrhagic strokes

☐ Notify MD if Systolic Blood Pressure less than 120 ,

☐ labetalol 10 milligram intravenous push every 30 minutes prn to maintain BP < 180/105. Give each dose over 1-2 minutes. Max total dose 300 mg. Hold for HR < 50

☐ Hydralazine 20 milligram intravenous push every 4 hours prn a SBP greater than 180/105

☐ niCARdipine Use if no response to labetalol. Start 5 mg/hr. Maintain BP < 180/105

☐ Nitroprusside Infusion 50 mg/ 250mL D5W Use if no response to labetalol or nicardipine or SBP > 240. Start 0.5 mcg/kg/min. Titration range 0-10 mcg/kg/min to maintain BP < 160/90. Monitor for hypotension. Avoid excessive drop in pressure.

- If nipride infusion continues >96 hours, monitor thiocyanate levels.

☐ Nursing Communication maintain BP < 160/90 during infusion, if BP not controlled then notify MD immediately.

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Date Time Physician Signature

Lipid-Regulating Agents

- If LDL is greater than 100 choose a lipid regulating agent
  - ☐ Lipitor (Atorvastatin) 20 milligram orally once a day, at bedtime
  - ☐ Lipitor (Atorvastatin) 10 milligram orally once a day, at bedtime
  - ☐ Lipitor (Atorvastatin) 40 milligram orally once a day, at bedtime
  - ☐ Lipitor (Atorvastatin) 80 milligram orally once a day, at bedtime
  - ☐ Zocor (Simvastatin) 20 milligram tablet orally once a day, at bedtime
  - ☐ Zetia (Ezetimibe) 10 mg milligram capsule orally once a day
- Consider baseline Comprehensive Metabolic Panel prior to initiating statins
- With existing hepatic inflammation, consider starting lower dose
- With existing hepatic inflammation, more frequent monitoring of hepatic enzymes is recommended

Laboratory

- ☐ Erythrocyte sedimentation rate (ESR)
- ☐ RPR
- ☐ D-Dimer Quantitative
- ☐ HgbA1C
- ☐ Lipid Profile ,fasting

- If the lipid profile is NOT ordered, please document that it has been performed within 30 days prior to admission. (Joint Commission requirement)

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Date Time Physician Signature

Hypercoagulation Panel

- Hypercogulation Panel Reference: "Laboratory evaluation of hypercoaguability with venous or arterial thrombosis", Neurovascular Thrombosis section, Archives Pathology Laboratory Medicine - 2002 Source
- Hypercoaguabiliy Consesus Panel Recommendations "Hypercoagulability: Too Many Tests, Too Much Conflicting Data", Hematology - 2002 Source
  - ☐ Recommended for stroke and TIA in patients with unexplained stroke
    - ☐ Homocystine Total
    - ☐ Cardiolipin Antibody Panel
    - ☐ Lupus Anticoagulant
  - ☐ Consider for younger patients with stroke or unexplained stroke
    - ☐ Factor V Leiden Mutation
    - ☐ Prothrombin G20210 mutation
    - ☐ Protein C Functional
    - ☐ Protein C Antigen
    - ☐ Protein S Total Antigen
    - ☐ Antithrombin Activity
    - ☐ Antithrombin III Assay
  - ☐ Other tests of hypercoagulation
    - ☐ APC Resistance
    - ☐ Plasminogen
    - ☐ Platelet Function Assay
    - ☐ Thrombin Time
    - ☐ Lipoprotein (a)

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Date Time Physician Signature

Diagnostic Tests

- ☐ Carotid Duplex study Stat, Reason for Exam: Stroke, Call results Evidence
- ☐ Echocardiogram, transesophageal Reason for Exam: Stroke Evidence
- ☐ CT, head or brain, without contrast ,Reason Stoke. Stat read. Call results Evidence
- ☐ CT Angio Head w Contrast ,Reason Stroke. Stat read. Call results
- ☐ CT Angio Neck w Contrast Reason, Stroke. Stat read. Call results.
- ☐ US Vasc Dopp Transcran Comp
- ☐ MRI Brain wo Contrast ,Reason Stroke. Stat read. Call results Evidence
- ☐ MRA Head wo Contrast ,Reason Stroke. Stat read. Call results Evidence
- ☐ MRA Neck wo Contrast ,Reason Stroke. Stat read. Call results Evidence

- Select the following three orderables for an Echocardiogram, transthoracic: Evidence
  - ☐ Echo 2D M Mode Reason for exam: Stroke
  - ☐ Echo Doppler Color Flow Reason for exam: Stroke
  - ☐ Echo Doppler Complete Reason for exam: Stroke
- Document known carotid stenosis of greater than 70%
- Document atrial fibrillation or ventricular tachyarrythmia with rhythm strip and progress note

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Consults

- ☐ Coordinated Rehabilitation Services Assessment
  - ☐ Physical Therapy Initial Evaluation & Treatment on day 1
  - ☐ Occupational Therapy Initial Evaluation & Treatment
  - ☐ Consult to speech therapy for language, speech and swallowing evaluation Evidence
  - ☐ Consult to case management (social services) ECF or SNF placement if patient unable to tolerate activity at 24 hrs post admission

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Sacramento Sierra Region

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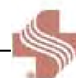

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