

# PHYSICIAN'S DIRECTIONS

Medication orders will be filled according to the formulary unless specific company is indicated.

DATE OF ORDER	TIME OF ORDER	<b>Standard Ischemic Stroke/TIA Admission Orders Use Ball Point Pen Only</b>	Time Noted	NURSES SIGNATURE
		Tentative diagnosis:		
		Admit under service of Dr. _____ <input type="checkbox"/> ICU <input type="checkbox"/> Telemetry Bed <input type="checkbox"/> Observation		
		Initiate nursing pathway for ischemic stroke/TIA patients not receiving tPA		
		Allergies		
		Resuscitation status: <input type="checkbox"/> Full code <input type="checkbox"/> DNR <input type="checkbox"/> Other _____		
		Vital signs Q		
		Call attending for: SBP greater than _____ SBP less than _____ DBP greater than _____		
		NIH Stroke Scale: If change from admission, notify physician.		
		Neuro check every shift.		
		Glasgow Coma Scale every shift.		
		<input type="checkbox"/> Oxygen therapy protocol to maintain O <sub>2</sub> saturation at 92% or greater. Keep SPO <sub>2</sub> greater than 94° while in ICU		
		Imaging: If not done in E.D. <input type="checkbox"/> CT brain on _____ or MRI brain on _____ <input type="checkbox"/> chest xray _____ <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> MRA brain		
		Lab: Fasting Lipid Profile (required for all patients)		
		<input type="checkbox"/> CBC <input type="checkbox"/> CBC with differential <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> BMP <input type="checkbox"/> ESR <input type="checkbox"/> RPR <input type="checkbox"/> UA <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Blood sugar checks AC & HS with sliding scale insulin coverage per protocol.		
		Dysphagia screening exam by RN. If abnormal, keep NPO and notify attending and request swallowing evaluation.		
		Diet: <input type="checkbox"/> regular <input type="checkbox"/> low fat <input type="checkbox"/> 2 gram Na <input type="checkbox"/> clear fluids <input type="checkbox"/> NPO <input type="checkbox"/> ISO <input type="checkbox"/> diabetic # cal _____ <input type="checkbox"/> full liquid <input type="checkbox"/> other _____		
		<input type="checkbox"/> Activity as tolerated <input type="checkbox"/> Bedrest with commode privileges <input type="checkbox"/> Other _____		
		<input type="checkbox"/> May go to tests off telemetry if stable, free of pain and arrhythmias		
		<input type="checkbox"/> Saline Lock <input type="checkbox"/> IV _____ at _____ ml/hour		
		DVT Risk Assessment: <input type="checkbox"/> Low - minor surgery, mobile medical patients <input type="checkbox"/> Moderate - most general surgery, medical patient on bedrest <input type="checkbox"/> High - Orthopedic surgery, major trauma		
		DVT prophylaxis based upon risk: <input type="checkbox"/> Elastic stockings (low risk) <input type="checkbox"/> Intermittent pneumatic compression (low risk) <input type="checkbox"/> Lovenox 40 mg subQ daily (no substitution) <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Patient has contraindication to anticoagulation. _____		

