

## **Transient Ischemic Attack Admission Orders**

**\*\*Physician to check appropriate boxes. These orders are not implemented until signed by the physician\*\***

1.  Observation Care (Outpatient Status)  
Stroke unit (includes telemetry)

Admit  
 Stroke Unit (includes telemetry)  
 ICU       IMC

Under the care of Dr. \_\_\_\_\_

Place TIA best practice guidelines in progress note section of chart.

## **2. LABORATORY/DIAGNOSTIC TESTS**

- a). Perform NIHSS upon admission, 24 hours after admission, and upon discharge.
  - b). Time of TIA symptom onset: \_\_\_\_\_
  - c). Order the following if not done in the ER or in the past 12 hours: Check all boxes that apply

- non-infused cerebral CT scan
  - Chest X-ray
  - CBC with sed rate
  - fasting lipid profile
  - TSH
  - MRI with and without contrast
  - 12-lead EKG
  - CMP
  - PT/PTT
  - Bilateral duplex carotid ultrasound
  - 2-D echocardiogram with color flow and Doppler

### **3. NURSE INTERVENTIONS** *These items are standard of care, unless deleted.*

- a. Weigh patient.
  - b. Record Vital Signs (**include spot-check pulse oximetry**) and Neuro Checks: on admit every 2 hours x 2, then every 4 hours x 20 hours if stable.
  - c. Record input and output each shift.
  - d. If patient is unable to void after eight hours or complaints of discomfort perform bladder scan every six hours. If patient complains of continued discomfort or if greater than 250 mL volume noted on scan, straight catheter.
  - e. Telemetry

#### **4. RESPIRATORY**

Maintain oxygen saturation greater than 91%. Use oxygen at 2 L /minute by nasal prongs if needed to maintain saturation.

**5. ACTIVITY:** *Check boxes that apply. Otherwise items are standard of care.*

- a. If indicated, elevate affected upper extremity on pillow as per hemiplegic positioning.
  - b. No lifting or pulling of affected extremity
  - c.  BRP with assist       Activity as tolerated       Bedrest with head of bed elevated 30 degrees

--continued on next page--

## Transient Ischemic Attack Admission Orders continued-

6. **IV fluids/heplock:**

Maintain IV line with 1000 mL of normal saline to infuse at \_\_\_\_\_ mL/hour.

7. **MEDICATION/TREATMENT: Physician to check all boxes that apply.**

- a). ASA 325 mg PO now if swallow ok (***if not given in ER***), then once daily.
- b). FSBS Q6H for 1<sup>st</sup> 24 hours. If glucose > 140 mg/dL, on two consecutive fingersticks, consider:
  - Initiate Insulin Resistant Hyperglycemia Management Protocol, mild scale (NOT for Type I Diabetics)
  - Initiate Insulin Sensitive Hyperglycemia Management Protocol (Type I Diabetics)
- c). For Temperature greater than 100° F, **notify physician and give**, or for mild pain give every 6 hours as needed:
  - Acetaminophen 500mg, 2 tablets PO every 6 hours. (if swallow ok)
- d). NOTIFY PHYSICIAN for Systolic BP (SBP) > 220 mmHg or Diastolic BP (DBP) > 120 mmHg.
  - If SBP < 220 or DBP < 120; Observe unless other end-organ involvement, (e.g., aortic dissection, acute myocardial infection, pulmonary edema, hypertensive encephalopathy). Treat other symptoms of stroke such as headache, pain, agitation, nausea and vomiting. Treat other acute complications of stroke, including hypoxia, increased intracranial pressure, seizures or hypoglycemia.
  - If SBP > 220 **OR** DBP 121 – 140; Give
    - Labetalol 10 mg IV over 1 - 2 minutes; may repeat or double dose every 10 minutes (maximum dose 300 mg)  
**OR**
    - Nicardipine 5 mg/hr IV infusion as initial dose; TITRATE to desired effect by increasing by 2.5 mg/hr every 5 minutes to a maximum of 15 mg/hr.  
**Nicardipine to be given in the ICU only**
  - If DBP > 140; Give
    - Nitroprusside Sodium 0.5 mcg/kg/min IV infusion as initial dose; with continuous blood pressure monitoring.  
**Nitroprusside to be given in the ICU only**

**TREATMENT TARGET** – Reduction of blood pressure 15% to 25%.

- e). If sudden or subacute neurologic deterioration occurs consider acute stroke and/or intracerebral hemorrhage as most likely cause. Order stat uninfused CT scan of the brain and notify physician.
- f). For DVT Prophylaxis:
  - Bilateral Sequential Compression Devices (SCDs).
  - Enoxaparin (Lovenox) 40 mg subcutaneous daily.  
**(HOLD if lumbar puncture has been done in last 24 hours, or planned in next 24 hours).**
  - Patient is ambulatory

*--continued on next page--*

**Transient Ischemic Attack Admission Orders continued -**

- g). Bowel Protocol as follows: ***Physician to check all boxes that apply (If patient able to swallow)***
- Milk of Magnesia (MOM) 30 mL PO x 1 PRN constipation. If no results within 8 hours, repeat x 1. If no results from second dose, see next step.
  - Bisacodyl (Dulcolax) one suppository inserted rectally PRN constipation unresponsive to MOM, or contraindication to MOM. If no results within 4 hours, see next step.
  - Fleet Enema rectally x 1, if no results within 4 hours from bisacodyl suppository. If no results from Fleet enema, call physician.
- h). If Atrial Fib is present, physician to assess risk prior to starting anticoagulation.  
\*\*If contraindication for anticoagulation exists, document in Progress Notes.\*\*  
 Warfarin 5 mg PO now and once daily until INR 2.0 – 3.0 Order PT daily. (if patient able to swallow)
- i). **No sedatives**
- j). Nicotine transdermal patch:  
 21 mg/day patch applied daily at same time (for history of > 10 cigarettes/day)  
 14 mg/day patch applied daily at same time (for history of 10 or fewer cigarettes/day)
8. **CONSULTS: These items are standard of care unless deleted.**
- a). In AM notify Case Management/Social Work consult to begin discharge plans for appropriate level of rehabilitation.
  - b).  PT Evaluate and Treat as indicated.
  - c).  OT Evaluate and Treat as indicated.
  - d).  Speech Therapy Evaluate and Treat as indicated.
  - e).  Notify family of Integris smoking cessation program. Check box if applicable. Consider nicotine patch.(See medication choices above).
  - f). Other: \_\_\_\_\_
  - g). Other: \_\_\_\_\_
9. **DIETARY:**  
 Healthy Heart  include diabetic features  
 Other: \_\_\_\_\_  include diabetic features
10. **PATIENT/FAMILY EDUCATION DISCHARGE PLANNING:**  
Notify patient/family of Stroke Education Class.
11. **ADDITIONAL ORDERS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Physician Signature

Date/Time