ACUTE ISCHEMIC STROKE NON-TPA PATIENT ORDERS

ADMISSION ORDERS

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

1. **ADMIT ORDERS:**
   a). Admit to (as patient condition warrants):
   - ❑ Stroke Unit (includes telemetry)
   - ❑ Intermediate Care
   - ❑ ICU

   b). Admit to Dr. _____
   c). Place Stroke Best Practice Guidelines in progress note section of chart.

2. **LABORATORY/DIAGNOSTIC TESTS:**
   a). Perform complete NIHSS upon admission, 24 hours after admission, and upon discharge. If patient admitted to IMC/ICU, perform NIHSS every shift.
   b). Time of Stroke 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
   - ❑ Bilateral duplex Carotid Ultrasound
   - ❑ CXR
   - ❑ CBC with sed rate
   - ☒ Fasting Lipid Profile
   - ❑ TSH
   - ❑ 12-lead EKG
   - ❑ 2-D Echocardiogram with color flow and doppler (unless TEE has been ordered)
   - ❑ CMP
   - ❑ PT/PTT
   - ☒ Obstructive Sleep Apnea Screen

   e). **If patient is < 50 years of age, consider the following:**

   - ❑ Serum Protein Electrophoresis
   - ❑ Anti-phospholipid antibody
   - ❑ ANA+RA

   Consider am lab tests needed:_____
   _____

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). Telemetry.
   e). If patient is unable to void after 8 hours or complains of discomfort, perform bladder scan every 6 hours.
   If patient complains of continued discomfort or if > 250mL volume noted on scan, straight cath.
   - ❑ Incentive Spirometry every 4 hours while awake.

4. **RESPIRATORY:**
   a). Maintain O_2 saturation > 91%. Use O_2 at 2L/min by nasal prongs if needed to maintain saturation.

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5. **ACTIVITY:** ***Check boxes that apply. Otherwise items are standard of care.***
   - ❑ Turn every 2 hours.
   - a). If indicated, elevate affected upper extremity on pillow as per hemiplegic positioning.
   - b). No lifting or pulling of affected extremities.
   - c). Use lift equipment with total and max assist transfers
   - ❑ BRP with assist.
   - ❑ Activity as tolerated.
   - ❑ Bedrest with head of bed elevated 30 degrees.

6. **IV FLUIDS/HEPLOCK:**
   a). Maintain IV line with 1000 mL of Normal Saline to run at _____ mL/hr.

7. **DYSPHAGIA and DIET:**

   Nurse to perform bedside swallow screen upon admit to Stroke Unit. Diet consistency per dysphagia screen.

   Dysphagia screen must be done prior to ANY oral intake of food, liquids or medications.

   - ❑ NPO
   - ❑ Physician has performed and documented swallow assessment and orders diet:
     - ❑ Healthy Heart Diet ❑ include diabetic features
     - ❑ Other: _____

8. **MEDICATION/TREATMENT:** ***Physician to check all boxes that apply.***
   a). FSBS Q4H for 1st 24 hours. If glucose > 140 mg/dL:
   Initiate Hyperglycemia Management Protocol – Adult Inpatient and consult APN (647-5511)

   b). Aspirin once daily, first dose now:
   - ❑ ASA 300 mg PR ❑ ASA 325mg PO (if swallow ok)

   c). For Temp > 100º F, **notify physician and give,** or for mild pain give every 6 hours as needed:
   - ❑ Acetaminophen 500 mg, 2 tablets PO every 6 hours.(if swallow ok)
   - ❑ Acetaminophen 650 mg **AND** 325mg suppository, both inserted rectally every 6 hours. (Total 975 mg per dose)
     ***(Maximum 4 grams acetaminophen in 24-hour period from all sources*)**

   d). For DVT Prophylaxis**:**
   - ❑ Enoxaparin (Lovenox) 40 mg subcutaneous daily.
     (HOLD if lumbar puncture has been done in last 24 hours, or planned in next 24 hours)
   - ❑ Bilateral Sequential Compression Devices (SCDs).

   e). **NO SEDATIVES**.

   f). 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)

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g). 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%.

h). Bowel Protocol as follows: ***Physician to check all boxes that apply.***
- ❑ Milk of Magnesia (MOM) 30 mL PO x 1 PRN constipation. (if patient able to swallow) 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.

i). 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)

9. **CONSULTS:** ***These items are standard of care unless deleted.***
   a). ❑ In A.M. notify Case Management/Social Work consult for peer visitor program.
   b). Social Work and Case Management to begin discharge plans for appropriate level of rehabilitation. Inpatient rehab or SNF referral when appropriate.
   c). PT Evaluate and Treat as indicated.
   d). OT Evaluate and Treat as indicated.
   e). Speech Therapy Evaluate and Treat as indicated.
   Speech Pathologist to write swallowing precautions and diet/liquid consistencies as indicated by evaluation
   f). ❑ Notify family of INTEGRIS smoking cessation program. Check box if applicable. Consider nicotine patch
10. **PATIENT/FAMILY EDUCATION DISCHARGE PLANNING:** Notify patient/family of Stroke Education Class.
11. **ADDITIONAL ORDERS:**

_____

_____

_____

_____ _____

Physician Signature **Date**