

MANAGEMENT OF INTRACEREBRAL HEMORRHAGE

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):
- 5th floor Stroke Unit (includes telemetry)
 - Intermediate Care
 - ICU
- b). Admit to Dr. _____

2. **LABORATORY/DIAGNOSTIC TESTS:**

- a). Perform complete NIHSS upon admission, 24 hours after admission, and upon discharge.
- b). Old Chart to floor.
- c). **Order the following if not done in the ER or in the past 12 hours: Check all boxes that apply**
- | | |
|---|---|
| <input type="checkbox"/> Non-infused cerebral CT scan | <input type="checkbox"/> 12-lead EKG |
| <input type="checkbox"/> CXR | <input type="checkbox"/> 2-D Echocardiogram with color flow and doppler (unless TEE has been ordered) |
| <input type="checkbox"/> CBC with sed rate | <input type="checkbox"/> Magnesium Level |
| <input checked="" type="checkbox"/> Fasting Lipid Profile | <input type="checkbox"/> CMP |
| <input type="checkbox"/> TSH | <input type="checkbox"/> PT/PTT |
- STAT and call to admitting physician if abnormal
- d). If patient exhibits rapid clinical deterioration:
- o Notify attending physician AND
 - o Obtain CT of Head without infusion

Consider am lab tests needed: _____

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

- a). Weigh patient.
- b). Identify any medication allergies and record in chart.
- c). Record Vital Signs and Neuro Checks: every 1 hour x 4 hours, then every 4 hours x 20 hours if stable.
- d). Record Input and Output each shift.
- e). Telemetry.
- f). Spot check pulse oximetry every 4 hours.
- g). Institute Falls Risk Assessment/Fall Management Protocol per Stroke Unit policy.
- h). Identify home medication and record on Home Medication Order Form in chart.
- i). 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.
- j). Incentive Spirometry every 4 hours while awake.

4. **RESPIRATORY:**

- a). Maintain O₂ saturation > 91%. Use O₂ 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.**
 - a). Turn every 2 hours.
 - b). If indicated, elevate affected upper extremity on pillow as per hemiplegic positioning.
 - c). No lifting or pulling of affected extremities.
 - d). Use gait belt for all min/mod transfers.
 - e). 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. **PRN MEDICATION/TREATMENT: Physician to check all boxes that apply.**
 - a). **Diabetic patients only: Attending physician to write FSBS, insulin and sliding scale orders on separate order sheet.**
 - See separate orders for FSBS and insulin/sliding scale orders.
 - b). If patient exhibits rapid clinical deterioration, notify attending physician. Consider mannitol 20% 0.5 g/kg IV, then 0.25 g/kg IV Q6 hours; Obtain serum osmolarity Q12 hours.
 - o IF serum osmolarity exceeds 310 **HOLD** mannitol.
 - c). For Temp > 100° F, **notify physician and give:**
 - Acetaminophen 500mg, 2 tablets PO every 6 hours.
 - Acetaminophen 650mg **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). Blood Pressure Management
 - If *systolic* BP exceeds 230 mm Hg or *diastolic* BP > 140 mm Hg on 2 readings 5 minutes apart, implement nitroprusside and notify physician.
 - 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
 - If *systolic* BP is 180 – 230 mm Hg, *diastolic* BP 105 – 140 mm Hg, OR mean arterial BP (MAP) is ≥ 130 mm Hg on 2 readings 20 minutes apart, implement intravenous labetalol or nicardipine. Notify Physician.
 - 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 *systolic* BP is < 180 mm Hg and *diastolic* BP < 105 mm Hg, defer antihypertensive therapy and notify physician.
- **CONTINUED NEXT PAGE**

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Blood pressure management continued:

- If ICP monitoring is available, cerebral perfusion pressure should be kept at > 70 mm Hg.
- Low blood pressure: Isotonic saline or colloids can be given and monitored with CVP or pulmonary artery wedge pressure.

_____ to run at _____ mL/hr

If hypotension persists after correction of volume deficit notify physician. Continuous infusion pressors should be considered particularly for systolic blood pressure < 90 mm Hg.

- Dopamine 800 mg/500 mL premix. Initiate infusion at 2 mcg/kg/min and titrate up to 20 mcg/kg/min as needed to maintain blood pressure.

f). For DVT Prophylaxis:

- Bilateral Sequential Compression Devices (SCDs).

g). Bowel Protocol as follows: ***Physician to check all boxes that apply.***

- 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). **NO SEDATIVES.**

8. **CONSULTS: *These items are standard of care unless deleted.***

- a). Social Work and Case Management 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.

9. **DIETARY:**

Check boxes that apply:

- Nurse to perform bedside dysphagia screen upon admission to Stroke Unit.
- Diet consistency as per dysphagia screen.

10. **PATIENT/FAMILY EDUCATION DISCHARGE PLANNING:**

- a). Orient patient/family to stroke unit routine.
- b). Verify that patient/family have received stroke education.

11. **ADDITIONAL ORDERS:** _____

Physician Signature

Date/Time