



DOWNTIME Physician Order NEURO Ischemic Stroke / TIA Inpatient

Drug Allergies: Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.

Faxed to Pharmacy
Date: _____ Init.: _____

Height _____ cm

Weight _____ kg

Clinical Category	Order	Placed in CP
ADT/Communications	<ul style="list-style-type: none"> ▪ Patient Status <ul style="list-style-type: none"> <input type="checkbox"/> Telemetry Inpatient Admission <input type="checkbox"/> Telemetry Observation Services <input type="checkbox"/> MICU Inpatient Admission <input type="checkbox"/> Medical Unit Inpatient Admission <input type="checkbox"/> Medical Unit Observation Services ▪ Communication Order NIH Stroke Scale documented on form 217478X ▪ Seizure Precautions Constant Order ▪ Aspiration Precautions per protocol ▪ Elevate Head of Bed, Elevate HOB 30 degrees, at a minimum of 30 degrees, as an aspiration precaution ▪ Misc Nursing Task, Order XR Modified Barium, Swallow if indicated per Speech Therapy Eval. 	
Vital Signs	<ul style="list-style-type: none"> ▪ Vital Signs, Constant Order, VS, Pulse Ox, with Neuro Checks q 2 h x 24 hrs, then q 4 hrs Comments: Notify Physician Temp greater than 37.5, HR greater than 120, HR less than 50, SBP greater than 220, DBP greater than 120, RR greater than 24, SpO2 less than 92%. ▪ Neuro Checks, Q2HOURS, 24 Hour(s) Comments: Notify MD for change in Neuro Status from baseline assessment. ▪ Neuro Checks, T+1;N, Q4HOURS, 24hrs after q2hrs x 24 hrs has completed. Comments: Notify MD for change in Neuro Status from baseline assessment. ▪ Intake and Output, Q8HOURS, Strict I&O, Constant Order, Notify Physician if urine output less than 30 mL per hour x 2 hours. ▪ Blood Glucose Monitoring POC <ul style="list-style-type: none"> <input type="checkbox"/> Routine, Q6HOURS, Q6 hrs x 48 hrs if NPO or on continuous TF. Comments: Notify MD for blood glucose results greater than 150 or less than 70. <input type="checkbox"/> Routine, QIDAC, AC & HS if eating or on bolus TF x 48 hrs. Comments: Notify MD for blood glucose results greater than 150 or less than 70. 	
Activity	<ul style="list-style-type: none"> ▪ Up to Chair, TID up to chair, 5-15 minutes, advance as tolerated., Constant Order ▪ Bathroom Privileges, Constant Order, with assistance ▪ Ambulate, with assistance, PRN, Encourage independent ambulation by 2nd hospital day 	
Patient Care	<ul style="list-style-type: none"> ▪ Notify Provider, Notify MD for blood glucose results greater than 150 or less than 70. ▪ Dysphagia Screening Nursing, Powerform, found in AdHoc Comments: If pt passes Dysphagia Screening Nursing, order safe diet, dysphagia pureed with honey-thick liquids and administer PO meds with honey-thick liquids. 	
Nutrition	<ul style="list-style-type: none"> ▪ Diet Order <ul style="list-style-type: none"> <input type="checkbox"/> Nothing By Mouth - NPO Comments: until Dysphagia Screening passed <input type="checkbox"/> House <input type="checkbox"/> Cardiac <input type="checkbox"/> General Carb Controlled <input type="checkbox"/> Consist Carb 3 Carbs/Meal (1200-1500ADA) <input type="checkbox"/> Consist Carb 4 Carbs/Meal (1600-1900ADA) <input type="checkbox"/> Consist Carb 5 Carbs/Meal (2000-2400ADA) ▪ Communication Order, Constant Order, Refer to ED Nursing Flowsheet for Dysphagia screening results. If passed, initiate "Safe Diet" consistency. Dysphagia pureed-honey like liquids until Dysphagia evaluation. If failed, keep NPO including medications until Dysphagia evaluation ▪ Misc Nutrition, Initiate diet/consistency as specified per Speech Therapy recommendation 	
IV Infusions	<ul style="list-style-type: none"> ▪ Saline Lock Peripheral with Saline Flush Q Shift and PRN - (pull Standard IV Catheter Flush Orders 217663X) <input type="checkbox"/> D5 NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr <input type="checkbox"/> D5 1/2NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr 	

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Medications	<p>Antithrombotics: <i>Comments: PO AFTER DYSPHAGIA SCREENING, If no Bleeding contraindication. If not able to take PO, give rectally or NG, NO ASPIRIN x 24 hrs after t-PA finishes</i></p> <ul style="list-style-type: none"> ▪ aspirin <ul style="list-style-type: none"> <input type="checkbox"/> 325 mg, Tablet, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> 81 mg, Tablet EC, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> aspirin 300 mg, Suppository, Rectal, DAILY <input type="checkbox"/> Plavix 75 mg ORAL DAILY <input type="checkbox"/> Aggrenox 1 Tablet, ORAL DAILY <p>Anticoagulants</p> <ul style="list-style-type: none"> <input type="checkbox"/> Warfarin _____ mg ORAL DAILY <input type="checkbox"/> Pradaxa 150 mg ORAL DAILY BID <input type="checkbox"/> Lovenox (enoxaparin) 1 mg/kg SUBCUT Q 12 HOURS <input type="checkbox"/> Lovenox (enoxaparin) 1 mg/kg SUBCUT Q 24 HOURS if CrCl less than 30 mL/min. <p>VTE Prophylaxis VIEW RELATED RESULTS FOR VTE RISK / SCORE – (pull VTE Prophylaxis Order 161628X)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contraindication to Pharmacologic Prophylaxis <ul style="list-style-type: none"> <input type="checkbox"/> Contraindication, to Pharmacologic Prophylaxis <input type="checkbox"/> Currently on, anticoagulant (Lovenox, Heparin, Coumadin, Argatroban or Arixtra) <input type="checkbox"/> LOW RISK VTE - SUBPHASE <input type="checkbox"/> MODERATE RISK VTE - Lovenox ONLY - SUBPHASE <input type="checkbox"/> MODERATE RISK VTE - SCDs ONLY - SUBPHASE <input type="checkbox"/> HIGH RISK VTE - Lovenox AND SCDs – SUBPHASE <ul style="list-style-type: none"> ▪ Colace 100 mg, Capsule, ORAL, BID - If unable to take PO capsule give liquid <input type="checkbox"/> Prilosec 20 mg, Capsule, ORAL, DAILY BEFORE BREAKFAST ▪ RAMO PRN Medications SUBPHASE – (pull RAMO Order 217243X) <input type="checkbox"/> MED Sliding Scale Insulin <p>HMG-CoA Reductase Inhibitors Statin for LDL greater than or equal to 100 (see Related Results)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crestor <ul style="list-style-type: none"> <input type="checkbox"/> 20 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 10 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 40 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 5 mg, Tablet, ORAL, DAILY <input type="checkbox"/> Pravachol <ul style="list-style-type: none"> <input type="checkbox"/> 40 mg, Tablet, ORAL, QHS <input type="checkbox"/> 20 mg, Tablet, ORAL, QHS <input type="checkbox"/> 10 mg, Tablet, ORAL, QHS <input type="checkbox"/> 80 mg, Tablet, ORAL, QHS <input type="checkbox"/> Zocor <ul style="list-style-type: none"> <input type="checkbox"/> 40 mg, Tablet, ORAL, QHS <input type="checkbox"/> 5 mg, Tablet, ORAL, QHS <input type="checkbox"/> 10 mg, Tablet, ORAL, QHS <input type="checkbox"/> 20 mg, Tablet, ORAL, QHS <input type="checkbox"/> 80 mg, Tablet, ORAL, QHS 	

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Laboratory	<input type="checkbox"/> COMPMETA STAT <input type="checkbox"/> BASICMETA ROUTINE, T+1;0500 <input type="checkbox"/> CBCWD STAT <input type="checkbox"/> CBCND ROUTINE, T+1;0500 <input type="checkbox"/> PT / INR / APTT Stat <input type="checkbox"/> Misc Nursing Task, <i>Order Repeat Labs, S. Cardiac and Troponin Q 6 h x 2. Start 6 hrs after initial set.</i> <input type="checkbox"/> LIPID PANEL ROUTINE, T+1;0500 - <i>Comments: 12 hour fast</i> <input type="checkbox"/> HGB A1C ROUTINE, T+1;0500 <input type="checkbox"/> MG ROUTINE, T+1;0500 <input type="checkbox"/> UA NURSE COLLECT - <i>Comments: if not done in ED</i> <input type="checkbox"/> URINE CULTURE NURSE COLLECT - <i>Comments: if not done in ED</i>	
Radiology	<input type="checkbox"/> CT BRAIN HEAD WO CONTRAST STAT, CVA - <i>if not done in ED or at time of acute event</i> <input type="checkbox"/> XR MODIFIED BARIUM SWALLOW DYSPHAGIA RAD Routine, <i>If indicated by swallow evaluation</i> <input type="checkbox"/> XR CHEST 2V PA LAT STAT, OTHER REASON, CVA - <i>if clinical indication/symptom and not already done in ED</i> <input type="checkbox"/> XR CHEST PORTABLE STAT, OTHER REASON, CVA - <i>if clinical indication/symptom and not already done in ED</i>	
Other Diagnostic Procedures	<input type="checkbox"/> EKG STAT - <i>Comments: EKG if not done in Emergency Dept</i> <input type="checkbox"/> Carotid Duplex T+1;0700, Routine <input type="checkbox"/> Echo CVA/TIA, Routine - <i>Comments: with Bubble Study</i> <input type="checkbox"/> Echo Limited CVA/TIA, Routine - <i>If Echo done in past 6 months, do a limited Echo with Bubble Study.</i> <input type="checkbox"/> ECHO with Definity – SUBPHASE Medications <input type="checkbox"/> Definity 2 ML, Injection, IV Push, ONCE, PRN: <i>See Note Line. Dose per protocol.</i> Other Diagnostic Procedures <input type="checkbox"/> Echo Routine	
Respiratory	<input type="checkbox"/> Oxygen Therapy 2-3L Nasal Cannula, Constant Order, to maintain SPO2 greater than 92% <input type="checkbox"/> Incentive Spirometry Q 1 hour while awake	
Consults	<input type="checkbox"/> Consult Social Services, <i>Discharge Planning</i> <input type="checkbox"/> Consult Physician, <i>Neurology</i> <input type="checkbox"/> CONSULT Stroke Team <input type="checkbox"/> PT Evaluation and Treatment <input type="checkbox"/> OT Evaluation and Treatment <input type="checkbox"/> Speech Therapy for Swallow Eval	
Equipment	<input type="checkbox"/> SCD Machine with Knee High wraps	
Non – Categorized	<input type="checkbox"/> MED DNR Supportive Care Orders – <i>(Pull DNR Supportive Care Orders 12102X)</i>	

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