

ADMINISTRATIVE

- Admit Inpatient Assign to Observation Status
- Critical Care Progressive Care Neuro Step-down Unit
- Central Telemetry Orders (See attached protocol)

PHYSICIAN

Attending Physician _____ Consulting Physician _____

DIAGNOSIS/SYMPTOMS

- 1. Hemorrhagic Stroke
- 2. _____
- 3. _____

CONDITION

NIHSS _____ Condition _____
(0-42) 0 = no neurological deficits, 42 = major neurological deficits

CONSULT REQUESTS

- 1. Bedside Swallowing Evaluation ASAP
- 2. Occupational Therapy Evaluation & Treatment
- 3. Physical Therapy Evaluation & Treatment
- 4. Speech Therapy Evaluation & Treatment
- 5. Social Services Consult
- 6. Respiratory Therapy Consult for: Tobacco Cessation, if tobacco user _____
- 7. Nutrition Services Diet Consult
- 8. Diabetes Education Referral
- 9. Acute Rehab Referral
- 10. Inpatient Cardiac Rehab consult for outpatient stroke rehab after discharge

NURSING

VITAL SIGNS

- 1. Vital signs and neurological checks every 1 hour Critical Care
- 2. Vital signs and neurological checks every 2 hours Neuro Step-down

ACTIVITY

- 1. Bed rest, head of bed \geq 30 degrees With head maintained midline
- 2. Bed rest, head of bed flat
- 3. Bed rest until evaluation by Physical Therapy
- 4. Increase activity as tolerated

Entered by _____ Date _____ Time _____

Noted by _____ Date _____ Time _____

Patient-Last Name, First Name, Middle Initial M F _____
Age

Admission Number Date Birth Date

Physician Name

Patient Identification Medical Record Number Physician Signature Date Time

DIET

- NPO, follow aspiration precautions until after swallowing evaluation completed
If patient demonstrates dysphagia, implement speech therapist's diet recommendations
- If NPO or dysphagia modifications not indicated per physician assessment or by passing swallowing evaluation start:
Cardiac diet and if the patient is diabetic, a carbohydrate controlled diet: (choose one)
 150 gm 200 gm 250 gm 300 gm
- _____

CARE NEEDS

- Initiate Stroke Pathway
- I&O every shift
- If patient unable to void > 8 hours may perform bladder scan and straight cath prn
- Sequential Compression Devices (Initiate 24 hours post tPA)

CALL CRITERIA

- Decline in neurological status
- Temp > 101° F, SBP > 180 mmHg or DBP > 120 mmHg and heart rate > 120 BPM or < 50 BPM
- Call if POCT < 70 mg/dL or > 200 mg/dL
- _____

MEDICATIONS

IV FLUIDS

- If patient NPO after swallow evaluation, start NS with 20 mEq KCl per liter at _____ mL/hour
- _____

SCHEDULED MEDICATIONS

- VTE prophylaxis:
 Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours
NOTE: Do NOT initiate any of the following (2-7) scheduled medications if patient has received tPA within last 24 hours. No PO medications until swallow screen is passed.
- Aspirin 325 mg PO daily: 1st dose now If NPO, may give Aspirin 300 mg suppository
- Aspirin/Dipyridamole (Aggrenox) 1 capsule PO twice daily
- Clopidogrel (Plavix) 75 mg PO daily: 1st dose now
- Warfarin (Coumadin) _____ mg PO daily **OR** Pharmacy to Dose INR Goal _____
Indication _____
- Heparin Infusion (as per attached protocol without boluses)

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PRN MEDICATIONS

1. Acetaminophen (Tylenol) 650 mg PO every 4 hours prn pain
2. Docusate (Colace) 100 mg PO twice daily prn constipation
3. Bisacodyl (Dulcolax) 10 mg suppository PR daily prn if constipation is unrelieved by docusate or patient is NPO

TESTING/TREATMENT

LABS

1. CMP (Now, if not already drawn in the ED)
2. CBC with diff (Now, if not already drawn in the ED)
3. ESR (Now, if not already drawn in the ED)
4. PT/INR (Now, if not already drawn in the ED)
5. PTT (Now, if not already drawn in the ED)
6. Fasting lipid profile in the A.M.
7. Atypical Stroke Lab Panel in A.M.
8. POCT before every meal and at bedtime. Call for POCT < 70 or > 200 mg/dL
9. If on Warfarin, daily PT/INR 1st day after initial dose

RADIOLOGY

- MRI of the brain without contrast ASAP
- CT Angiogram of head and neck with contrast

ALLIED HEALTH

1. Duplex Carotid Ultrasound ASAP
2. Echocardiogram ASAP
3. 12 lead EKG ASAP (Now, if not already done in the ED)

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