



Acute Ischemic Stroke and Transient Ischemic Attack (TIA) Admission

Orders apply to adult patients (15 years of age and older) admitted to the Neurology Cerebrovascular or General Neurology Teams. Mark the ☒ for desired orders. If ☐ is blank, order is inactive. All pre-printed doses are based on normal renal and hepatic function and must be assessed for adjustment against the individual patient's renal and hepatic function and for interactions with other medications.

Clinic Number

Name

Room Number

Admit To: _____ Diagnosis: _____ Height: _____ cm Weight: _____ kg Age: _____

Allergy module reviewed. ☐ No additional allergies identified, or
Choose one: ☐ Additional allergies identified and MICS Allergy updated, or
☐ Additional allergies. List (include reaction): _____

please update MICS Allergies.

INTRAVENOUS FLUIDS:

- Place peripheral lock
- ☐ 0.9% NaCl IV at _____ mL per hour.
- ☐ 0.9% NaCl with KCL _____ mEq/L IV at _____ mL per hour.
- ☐ Other: _____

MEDICATIONS:

Antiplatelet/ Antithrombotic:

When multiple routes provided, order preference is PO, gastric tube, then rectal.

- If IV Heparin is being ordered, please complete Heparin Weight-Based Nomogram, Neurology (MC1156-545) order set. If nomogram not being used, please enter Heparin orders in other medications section, below.
- ☐ Heparin 5000 units subcutaneously twice daily.
- ☐ Aspirin _____ mg PO/per gastric tube or _____ mg per rectum every day. (Rectal Aspirin is available as 300 mg or 600 mg suppositories.)
- ☐ Clopidogrel (Plavix®) 75 mg PO/per gastric tube every day.
- ☐ Aspirin 25 mg and Dipyridamole 200 mg (Aggrenox®) 1 capsule PO twice daily. Do not crush.
- ☐ Warfarin (Coumadin®) _____ mg PO/per gastric tube every day at bedtime.
- ☐ Other: _____

(Drug(s)/Dose/Route/Frequency/Indication)

Laxative:

- ☐ Bisacodyl (Dulcolax®) 10 mg PO/rectally twice daily PRN constipation. Oral route preferred.
- ☐ Sodium Phosphate (Fleets®) enema rectally twice daily PRN if no bowel movement after 24 hours of Bisacodyl (Dulcolax®).

Analgesic/ Antipyretic:

- ☐ Acetaminophen (Tylenol®) 650 mg PO/per gastric tube/per rectum every 4 hours PRN pain greater than comfort goal or oral temperature greater than 38 degrees Celsius.

Maximum Acetaminophen (Tylenol®) should not exceed 4000 mg per 24 hours from all sources.

OTHER MEDICATIONS: Include patient's home medications to be continued during hospitalization.

Drug(s)/Dose/Route/Frequency/Indication

Drug(s)/Dose/Route/Frequency/Indication

DIET:

Prescriber to perform dysphagia screen (see back for details).

- ☐ NPO until swallow evaluation complete. ☐ NPO except medications. ☐ Swallowing precautions.
- ☐ Nasogastric tube (to be placed by prescriber): **choose one**
 - ☐ Medications only.
 - ☐ Medications and tube feedings. • Prescriber to order tube feedings on Adult Tube Feeding (Enteral Nutrition) Order Set (MC1507-02).
- ☐ Regular ☐ 1800 calorie diet. ☐ Other: _____

ADDITIONAL ORDERS:

- Record intake and output. ☐ Vital signs every _____ hours. ☐ Neuro checks every _____ hours.
- ☐ Weigh patient (frequency) _____
- **Call Primary Service for:** Systolic blood pressure greater than _____ mmHg or less than _____ mmHg.
Diastolic blood pressure greater than _____ mmHg or less than _____ mmHg. MAP greater than _____ mmHg or less than _____ mmHg
- ☐ Thigh-high antiembolic stockings and sequential compression devices to legs.
- If on general care floor: Use Orthopedic and Neuroscience Urinary Retention Protocol (MC1156-214).
- If in ICU: contact catheterization team for bladder scan if patient unable to void and/or has urinary discomfort. In and out catheterize every 4 hours for volume greater than 500 mL.
- ☐ Place Foley catheter. ☐ Other: _____

ACTIVITY:

• Specify: _____

LABORATORY/OTHER STUDIES: • Prescriber: See back for recommended laboratory and other studies.

CONSULTATIONS: **Prescriber ordering consults must complete appropriate form(s).**

- ☐ Dietitian • Social Service ☐ PMR for patient with any neurological deficit. ☐ Speech Pathology for any patient with dysarthria or aphasia.
- ☐ Diabetes Consulting Service if patient a diabetic or newly diagnosed diabetic.
- ☐ Other: _____

PATIENT EDUCATION:

- Provide patient with Recognizing and Preventing Stroke video (MIC122475) or DVD (MC1527-04), the Stroke Prevention Packet (MIC240375) and Recovering from a Stroke (MC1527-03).
- Provide patient with information about the Stroke Support Group and the Stroke Education Class.

Prescriber's Signature: _____

Prescriber's Pager #: _____

Service Pager #: _____

Prescriber's Printed Name: _____

Date: mm/dd/yyyy Time: h:h:m (24 hour clock)

Part 1 - Pharmacy Part 2 - Nursing Part 3 - Order Book

This order set has been developed to reflect the practice patterns of the clinicians who wrote it. It sets forth recommendations as to practice, not rigid rules.

Dysphagia Screen

- Elevate patient to at least 45 to 50 degree angle prior to dysphagia screen to allow the patient to achieve the best results possible.
- Circle appropriate response in column A, B or C for each screening category below.

	A	B	C
Level of Consciousness	Alert	Drowsy, Lethargic*	Obtunded*
History of aspiration	NO	YES*	UNKNOWN
Controls Secretion	Normal	Drools/Coughs*	Requires suctioning*
Follows commands	Consistent	Impaired	Impaired/poor attention*
Spontaneous Cough	Strong	Weak	Absent*
Facial Weakness	Normal	Flattened nasolabial fold	Unilateral weakness (air escapes from closed lips)*
Facial Sensation	Normal	V1, V2, V3	Unilateral facial analgesia
Soft Palate Elevation	Symmetrical	Asymmetrical	No elevation, unable to test*
Tongue Strength	Moves tongue circumorally	Tongue deviates to one side	No movement*
Lip Closure	Normal	Weak	Not achieved*

- If any of the * responses are circled in the above categories, keep patient NPO and order formal swallow evaluation.
- If none of the * responses are circled in the above categories, proceed to bedside swallow evaluation below.

Swallow	<ul style="list-style-type: none"> 30 mL water while patient seated in the upright position Do Not perform in Drowsy, Lethargic or Obtunded Patients
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Oropharyngeal Transit	Within 2 seconds	Delayed (Greater than 2 seconds) or NO swallow initiated*
Drooling	Absent	Present*
Voice Quality (Dysphonia)	Normal	Wet/gurgle/ hoarse*
Cough	None during 1 minute of swallowing	Cough during first 1 minute of swallowing*

- If any of the * responses are circled in the swallow evaluation above, keep patient NPO and order formal swallow evaluation.
- If no * responses are circled in the swallow evaluation above, proceed with ordering a diet.

Recommended laboratory and other studies for cerebral infarction or transient ischemic stroke patients (prescriber to complete appropriate form):

Chest X-ray
 EKG
 Complete Blood Count (CBC)
 Electrolyte Panel (Na, K, CL, BUN, creatinine, HCO₃)
 Glucose, Plasma
 AST
 Alkaline Phosphatase
 aPTT
 Prothrombin Time (INR)
 Lipid screen (if not done within the previous year)
 Homocysteine, fasting (if not done within the previous year)
 Urinalysis
 Sedimentation Rate

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 Part 1 - Pharmacy
 Part 2 - Nursing
 Part 3 - Other Book
 Date: _____ Time: _____ (24 hour clock)
 Prescriber's Signature: _____
 Prescriber's Printed Name: _____
 Service Pager #: _____
 Prescriber's Pager #: _____