



STAT/NOW

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| DATE | TIME | ORDERS: ADMISSION PAGE 2 OF 4 |
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ASSESSMENT:

- Neuro assessment q 1 hr x 4, then q 2 hrs x 20 hrs, then q 4 hrs
- VS q 1 hr x 4 hrs, then q 2 hrs x 20 hrs, then q 4 hrs (**Notify Physician if:** SBP is less than 110 or greater than 200 (**goal SBP 140-180**), Temp greater than 38.3°C)
- Assess voiding within 8 hours of admission (**Notify Physician if:** UO is less than 500ml in 8 hrs)
- Continuous pulse-oximetry monitoring (**Notify Physician if:** SaO₂ is less than 95%)

TREATMENTS:

- Falls prevention Seizure precautions
- Aspiration precautions In and Out cath for urinary retention greater than 8 hrs
- Bowel program Saline lock with routine flushes
- I&O q 8 hrs Oxygen per nasal cannula at _____ L/min (for SaO₂ is less than 95%)
- SCDs while in bed

MEDICATIONS:

- Normal saline IV at 100ml/hr (unless patient is in CHF or renal failure) for hydration
- Thrombolytic: _____
 - Intra-arterial: at _____ ml/min
 - IV: _____ mg bolus and _____ mg over 1 hour **OR**
 - _____ mg (10% IV bolus over 1 minute then remaining 90% over 1hour)
- Antiplatelet/Anticoagulation:
 - Warfarin (Coumadin): _____
 - Acetylsalicylic acid (Aspirin): _____
 - Clopidogrel bisulfate (Plavix): _____
 - Dipyridamole with Acetylsalicylic acid (Aggrenox): _____
 - Other: _____
- Venous Thromboembolism Prophylaxis:
 - Heparin 5,000 units SubQ q 8 hrs
 - Enoxaparin (Lovenox) 40 mg SubQ daily
 - Other: _____
- Antihypertensive:
 - Labetolol: _____

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| _____ NURSE SIGNATURE Date: _____ Time: _____ | Pharmacy Scan Time: _____ | _____ Name Stamp Beeper # _____ PHYSICIAN SIGNATURE |
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THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



**Physician Order Set
STROKE**

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| Patient Identification |
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| DATE | TIME | ORDERS: ADMISSION PAGE 3 OF 4 |
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MEDICATIONS CONTINUED:

- Antihypertensive (Continued):
 - Metoprolol: _____
 - ACE Inhibitor: _____
 - Hydrochlorthiazide: _____
 - Cholesterol Lowering Agent:
 - Simvastatin (Zocor): _____
 - Atorvastatin (Lipitor): _____
 - Other: _____
 - Acetaminophen (Tylenol) 650 mg Q 6hr PRN for temp greater than 37.5°C or pain greater than 3/10
 - PO
 - Rectal suppository
 - Insulin Protocol for high blood glucose: (call HO for blood glucose greater than 300 mg/dl)
 - IV: _____ at _____ ml/hr
 - SQ: _____
 - H₂ Blocker/Proton Pump Inhibitor _____
 - Antiemetic: _____
 - Laxative: _____
 - Stool Softener: _____
- Other: _____

| Medication / Dose / Route / Frequency | Indication |
|---------------------------------------|------------|
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DIET:

- **NPO UNTIL SWALLOWING SCREENING PERFORMED**

ACTIVITY:

- Bed rest OOB with assistance
- Bed rest except for PT/OT Activity as tolerated

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| _____ NURSE SIGNATURE Date: _____ Time: _____ | Pharmacy Scan Time: _____ | _____ Name Stamp Beeper # _____ PHYSICIAN SIGNATURE |
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STAT/NOW

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|------|------|--|
| DATE | TIME | ADMISSION ORDERS ADDENDUM FOR POST ALTEPLASE (t-PA) PATIENTS ONLY <small>(page 4 of 4)</small> |
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ASSESSMENT:

- BP assessment q 15 min x 2 hrs post Alteplase, then q 30 min x 6 hrs post Alteplase, then q 1 hr x 16 hrs post Alteplase, then q 4 hrs (**Notify Physician if:** BP is greater than 185/110 or less than 120/80)
- Temp assessment q 4 hrs (**Notify Physician if:** Temp is greater than 38.3°C)
- Neuro assessment q 1 hr x 24 hrs, then q 4 hrs (**Notify Physician if:** there are any changes in neuro status or patient experiences a *new* severe headache)
- VS q 1 hr x 4 hrs, then q 2 hrs x 20 hrs, then q 4 hrs
- Assess voiding within 8 hours of admission (**Notify Physician if:** UO is less than 500ml in 8 hrs)
- Continuous pulse-oximetry monitoring (**Notify Physician if:** SaO₂ is less than 95%)

TREATMENTS:

- SCDs while in bed or chair (may remove on ambulation)
- No arterial line insertion for 24 hours
- No central line insertion for 24 hours
- No Foley catheter insertion for 24 hours
- No NG tube insertion for 24 hours

MEDICATIONS:

- No Antiplatelet Therapy for 24 hours (including ASA)
- No Anticoagulation Therapy for 24 hours

Other:

| Medication / Dose / Route / Frequency | Indication |
|---------------------------------------|------------|
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| <p>_____</p> <p style="text-align: center;">NURSE SIGNATURE</p> <p>Date: _____ Time: _____</p> | <p>Pharmacy Scan Time:</p> <p>_____</p> | <p>_____</p> <p style="text-align: center;">Name Stamp Beeper #</p> <hr/> <p style="text-align: center;">PHYSICIAN SIGNATURE</p> |
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