INPATIENT ISCHEMIC STROKE/TIA STROKE ORDERS

CHECK All boxes that apply:
Diagnosis: ☐ Acute ischemic stroke ☐ TIA
Full Admit to: ☐ Unit ☐ Floor with telemetry to Dr. _____ ☐ Teaching ☐ Nonteaching
Observation Status: ☐
Condition: ☐ Stable ☐ Fair ☐ Critical **Allergies**: _____

Vital signs/neurochecks ☐ Every 2 hours for 6 hours, then every 4 hours for 8 hours, then per shift.
☐ Other: _____

Blood Pressure Control Guidelines: Use **ONE** of the following if systolic BP is greater than 220 or diastolic BP is greater than 110**:**
☐ Labetalol 10 mg IV every 10 min up to max 80 mg prn; may repeat every 20 min. up to a total dose of 150 mg in 24 hours.
☐ Nicardipine (Cardene) IV 25 mg/250 ml Normal Saline at 5 mg/hr. Increase the infusion rate by 2.5 mg/hr every 15 minutes up to a maximum of 15 mg/hr. Once blood pressure goal achieved decrease rate to 3 mg/hr as a maintenance infusion.
☐ Enalaprilat (Vasotec) 1.25 mg IV every 6 hours prn. May repeat dose in 30 minutes prn**.**
– OR –
☐ Enalaprilat (Vasotec) 2.5 mg IV every 6 hours prn. May repeat dose in 30 minutes prn.
Maximum Daily dose of IV Enalaprilat (Vasotec) is 20 mg.

Activity: ☐ Bed rest ☐ Up with therapy ☐ Bed to chair ☐ Ad lib

Nursing: Knee high TED hose and PAS stocking while on bedrest
I & O's every shift
Foley to CD
Oxygen at 2 liters per minute, titrated to SpO2 above 92%
Smoking Cessation Counseling if Patient has a history of smoking within 1 year

MAINTAIN NPO UNTIL DYSPHAGIA SCREEN COMPLETED BY NURSE. IF PATIENT FAILS SCREENING, MAINTAIN NPO STATUS.

Then Following Diet
☐ Low Cholesterol/ Low Sodium ☐ CCC-Medium ☐ 2 Gram Sodium ☐ Other: _____

IV Fluids: ☐ Normal saline with _____ mEq KCl/Liter at _____ ml/hr
☐ Other: _____

Medications: HOLD ALL ORAL MEDICATIONS UNTIL DYSPHAGIA SCREEN COMPLETE
For Hemorrhagic Stroke Patients: *NO ANTICOAGULANTS OR ANTIPLATELETS
☐ tPA received: *NO ANTICOAGULANTS OR ANTIPLATELETS FOR 24 HOURS. Indicate time to start. (Use tPA order set if stroke onset after admission.)
☐ tPA not administered: _____ (Reason)
*☐ Aspirin 325 mg by mouth daily. Start on _____ .
*☐ Clopidogrel (Plavix) 75 mg by mouth daily. Start on _____ .
*☐ ASA/dipyridamole (Aggrenox) one capsule by mouth BID. Start on _____.
*☐ Enoxaparin (Lovenox) 40 mg daily subcutaneous for DVT Prophylaxis. Start on _____ .
OR
*☐ Heparin 5000 units subcutaneous every 8 hours for DVT Prophylaxis (note: if weight less than 45 kg change to every 12 hour dosing). Start on _____ .
*☐ Heparin IV without bolus. Maintain PTT 45-60 sec. See protocol page 2. Start on _____ .
☐ Simvastatin (Zocor) _____ mg by mouth daily.
☐ Other Cholesterol reducing agent _____ (name and dose) every _____ . (goal LDL less then 100mg/dl)
☐ Other: On separate order sheet.

Labs: Stat Brain Attack (BMP, CBC, PT/INR, PTT, Fibrinogen, Troponin)
Fasting lipid profile in AM

Diagnostic Exams:
☐ Stat CT scan of head without contrast
☐ Stat EKG
☐ Carotid ultrasound, read by Dr. _____
☐ 2D echocardiogram, read by Dr. _____
☐ MRI brain without gadolinium ☐ MRA brain/neck

Consults:
☐ Neurology Consult, Dr. _____ ☐ Pastoral care
Required Referrals: Physical Therapy Occupational Therapy Speech Therapy (Diet level per speech therapist) Case manager

MD Signature: _____ Date: _____ Time: _____

Print Name: _____

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PATIENT LABEL

MR.ORDER

LOW DOSE HEPARIN INFUSION FOR STROKE

Patient Weight: _____ Kg

PTT, CBC now

STAT PTT every 6 hours until 2 consecutive therapeutic results are obtained.

CBC every day while on heparin infusion

Goal Range PTT 45-60 seconds

No initial bolus

IV Heparin infusion initial rate: 12 units/Kg/hr = _____ units/hr

(12X patient wt in Kg)

(max 1,000 units/hr round to the nearest 100 units)

Heparin concentration 25,000 units in 250 ml (100 units/ml) (divide rate in units/hr by 100 to get ml/hr)

Adjust infusion rate based on the scale below

PTT (sec)	**Bolus Dose**	Hold Infusion time (min)	Rate Change (round to the nearest 100 units)	Repeat PTT
Less than 35	40 units/kg	0	+ 3 units/Kg/hr	6 hours
35-44	0	0	+ 2 units/Kg/hr	6 hours
45-60	0	0	No change	Next AM
61-90	0	0	– 2 units/Kg/hr	6 hours
Greater than 90	0	60	– 4 units/Kg/hr	6 hours

Obtain a PTT 6 hours after any dosage change, adjust heparin infusion according to sliding scale until PTT is therapeutic (45-60 seconds). When 2 consecutive PTT's are therapeutic obtain a PTT (and readjust heparin if needed) every 24 hours.

Physician's Signature: _____ Date: _____ Time: _____