



Oregon Health & Science University
Hospitals and Clinics Provider's Orders

PO1500



NEU: STROKE/RULE OUT
STROKE/TIA: ADMISSION

Page 1 of 9

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Allergies: _____ Weight: _____ kg

Diagnosis: _____

Service: _____ Attending: _____

Admission

- Admit to Inpatient
- Admit to Daypatient
- Place on Outpatient Observation Status – Hospital

Attending Physician

Attending Provider: _____

Code Status

- Full Code
- Do Not Resuscitate/Do Not Intubate
- Limited Resuscitation
 - Closed Cardiac Massage:
 - Cardiac Defibrillation:
 - Endotracheal Intubation:
 - Pressors and Antiarrhythmics:
 - Bag Mask Valve Ventilation (Peds Only):

Isolation

- | | |
|---|-----------------------|
| <input type="checkbox"/> Contact Isolation | Reason for Isolation: |
| <input type="checkbox"/> Modified Contact Isolation | Reason for Isolation: |
| <input type="checkbox"/> Droplet Isolation | Reason for Isolation: |
| <input type="checkbox"/> Airborne Isolation | Reason for Isolation: |
| <input type="checkbox"/> Strict Isolation | Reason for Isolation: |
| <input type="checkbox"/> Neutropenic Protective Precautions | Reason for Isolation: |

NURSING

General

- Vital Signs Routine, PER POLICY/SOC
- Neurological Check Routine, WITH VITAL SIGNS
- Weigh Patient on Admission Routine, UPON ADMISSION
- Intake and Output Routine, CONTINUOUS
- Telemetry Monitoring (for acute care patients only) Routine, CONTINUOUS

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- Notify MD Routine, CONTINUOUS
 - SBP > _____ < _____
 - Temp > 38.5 degrees C
 - HR > 110 < 50 bpm
 - SaO2 < 90%
 - RR > 30 < 10/min
 - Change in neuro status or LOC
- CBG (POC) FOUR TIMES DAILY BEFORE MEALS & BEDTIME
- Oxygen Routine, CONTINUOUS
 - Device preference:
 - Rate in Units/L:
 - Titrate to spO2: 92
 - Wean to off for O2 sat > 90%
- Swallow Screen By RN prior to any PO Routine, ONCE
- Patient Education- Stroke Routine, CONTINUOUS

Post Thrombolytic Therapy

- Post-Thrombolytic Therapy Nursing Panel**
 - Vital Signs Routine, SEE COMMENTS
 - Q 15 mins x 2 hrs post start of tPA infusion, then q 30 min x 6 hrs, q 1 hr x 16 hrs, then per ICU policy
 - Neurological Checks Routine, SEE COMMENTS
 - Q 15 mins x 2 hrs post start of tPA infusion, then q 30 min x 6 hrs, q 1 hr x 16 hrs, then per ICU policy
 - Monitor Extremities Routine, SEE COMMENTS
 - Monitor Extremities for color, temperature, and sensation
 - Notify MD: Routine, CONTINUOUS
 - Call Neurology Resident on call for gingival oozing, ecchymosis, petechiae, abdominal and/or flank pain, hemoptysis, hematemesis, shortness of breath, rales, rhonchi, arrhythmias.
 - Call Stroke Team (#12600) for neurological deterioration, sudden marked changes in vital signs, changes in level of consciousness, nausea, vomiting, diaphoresis, new headache.
 - Avoid blood draws 24 hours post infusion Routine, CONTINUOUS
 - No Heparin IV, Warfarin, or antiplatelet drugs during the TPA infusion or 24 hours post infusion Routine, CONTINUOUS
 - No IM injections Routine, CONTINUOUS
 - Avoid nasogastric tubes or invasive lines/procedures for 24 hours post infusion Routine, CONTINUOUS
 - Maintain IV Routine, CONTINUOUS, Restart only if necessary
 - Monitor invasive lines for bleeding Routine, CONTINUOUS

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Lines, Drains, Airways

- Insert and Maintain Foley Catheter Routine, CONTINUOUS
 - Insert and Maintain Nasogastric Tube Routine, CONTINUOUS
 - Insert and Maintain Feeding Tube Routine, CONTINUOUS
 - X-Ray Abd- Evaluate Feeding Tube Placement Routine, AS NEEDED
- Reason for Exam/Referral Diagnosis?:

Activity

- Activity Routine, CONTINUOUS
- Activity Level: Bedrest for 24 hrs from time of admit, then Activity as tolerated

Precautions/Restrictions

- Precautions - Aspiration Routine, CONTINUOUS
Aspiration Precautions per Inpatient Nursing Standard of Care or Speech recommendations.
- Precautions - Seizure Routine, CONTINUOUS

NUTRITION

Diet

- Diet Regular DIET EFFECTIVE NOW
- Diet Puree DIET EFFECTIVE NOW
- Diet Thick Liquid DIET EFFECTIVE NOW
- Diet Prudent DIET EFFECTIVE NOW
- Diet Diabetic (Consistent Carbohydrate) DIET EFFECTIVE NOW
- Diet Clear Liquid DIET EFFECTIVE NOW
- Diet Full Liquid DIET EFFECTIVE NOW
- Diet Renal DIET EFFECTIVE NOW
- NPO DIET EFFECTIVE NOW
- NPO Except Meds DIET EFFECTIVE NOW

Diet Other

- NPO after Midnight DIET EFFECTIVE MIDNIGHT
 - Advance Diet as Tolerated CONTINUOUS
- Starting diet: _____
- Goal diet: _____

Tube Feeding Please refer to GEN: ENTERAL FEEDING TUBE (PO-7296)

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IV FLUIDS

IV Access

- Insert and Maintain IV Access Routine, ONCE
- Saline Lock Routine, ONCE

IV Fluids

- NaCl 0.9% (aka NS) with KCl 20 mEq/L IV infusion at _____ mL/hr Intravenous, CONTINUOUS
- Other IV fluid: _____ at _____ mL/hr Intravenous, CONTINUOUS

LABS

Admission

- Complete Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca, AST, ALT, Bili total, Alk phos, Alb, Prot total) UPON ADMISSION
- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca) UPON ADMISSION
- Electrolyte Set (NA, K, CL, CO2) ONCE
- CBC With Differential UPON ADMISSION For 1 Occurrence
- UA, Dipstick Only COLLECT NOW, X1, Urine
- Urine, Microscopic Exam UPON ADMISSION, Urine
- Prothrombin Time/INR ONCE
- PTT ONCE
- C-Reactive Protein High Sensitivity, Serum ONCE
- Sedimentation Rate ONCE
- Magnesium, Plasma ONCE
- Hemoglobin A1C, Blood ONCE
- RPR ONCE
- Free T4, Serum ONCE
- TSH ONCE

Hypercoagulable evaluation on admission if indicated

- Arterial Panel**
 - Anticardiolipin GMA ONCE
 - Hexagonal Platelet aPPT, Plasma ONCE
 - Lupus Inhibitor Evaluation, Plasma ONCE
 - ANTI-B2 GLYCOPROTEIN 1 GMA, MISC SPECMN ONCE

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- Fibrinogen ONCE
- Homocysteine Total, Plasma ONCE
- Venous PANEL** (APC Resistance assesses for Factor V Leiden deficiency)
 - Antithrombin III Activity Level ONCE
 - APC Resistance, Plasma ONCE
 - Protein C Activity, Plasma ONCE
 - Protein S Antigen ONCE
 - Prothrombin Gene Mutation, Blood ONCE

AM Labs (for next AM only)

- CBC with Differential TOMORROW AM
- CBC Only TOMORROW AM
- Basic Metabolic Set TOMORROW AM
- Complete Metabolic Set TOMORROW AM
- Magnesium, Plasma TOMORROW AM
- Prothrombin Time/INR TOMORROW AM
- PTT TOMORROW AM
- Lipid Set, Plasma TOMORROW AM
- Urinalysis, Microscopic ONCE, Starting tomorrow, Urine
- Urinalysis, Dipstick Only ONCE, Starting tomorrow, Urine
- Sedimentation Rate TOMORROW AM
- C-Reactive Protein, Serum TOMORROW AM

DIAGNOSTIC STUDIES

CT Scan

- CT Head without Contrast - NOW Routine, ONCE
Reason for Exam/Referral Diagnosis?:
- CT Head without Contrast – FUTURE (specify day/time) Routine, ONCE
Reason for Exam/Referral Diagnosis?:
- CT Head with and without Contrast Routine, ONCE
Reason for Exam/Referral Diagnosis?:
- CTA Head with Contrast Routine, ONCE
Reason for Exam/Referral Diagnosis?:

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- CTA Neck with Contrast Routine, ONCE
Reason for Exam/Referral Diagnosis?:
- CT Cerebral Perfusion with Contrast Routine, ONCE
Reason for Exam/Referral Diagnosis?:

MRI For MRI / MRA / MRV, answer the following:

- Reason for Exam/Referral Diagnosis?: _____
- Does patient wear a pacemaker?: _____
- Does the patient have an aneurysm clip?: _____
- Does Patient Have An Implanted Vagus Nerve Stimulation (VNS) device?: _____
- Does the patient have metal in their eyes?: _____
- Does patient weigh more than 299 lbs?: _____
- Is the Patient on Dialysis?: _____
- Is Pediatric Sedation Required?: _____

- MRI Brain without Contrast Routine, ONCE
- MRI Brain with and without Contrast Routine, ONCE
- MRI Quick Brain without Contrast Routine, ONCE
- MR Defuse 2 Stroke Brain with and without and MRA without Contrast Routine, ONCE
- MRA Head with Contrast Routine, ONCE
- MRA Head without Contrast Routine, ONCE
- MRA Neck with Contrast Routine, ONCE
- MRA Neck without Contrast Routine, ONCE
- MRV Head without Contrast Routine, ONCE

Carotid Ultrasound

- Carotid Bilateral US - Vascular Lab Routine, ONCE

Cerebral Angiogram MD needs to page Neurointerventional Radiologist to arrange this procedure

Cardiac

- 12 Lead ECG Routine, ONCE
- 12 Lead ECG in AM Routine, TOMORROW AM, By 0800
- Transthoracic Echocardiogram Routine, ONCE
 1. Please select the most appropriate symptom/finding: STROKE (434.1)
 2. Evaluate for: _____
 3. Is a contrast-enhanced study for quantitative LVEF required? Yes No
 4. Is agitated saline contrast study required: Yes No
 5. Is peripheral IV placement contraindicated: Yes No
 6. 3D volumetric image acquisition for quantification of LV volumes & EF? Yes No
 7. 3D volumetric image acquisition to evaluate cardiac valves & structure? Yes No

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- Transesophageal Echocardiogram Routine, ONCE Ordering MD, call MD head of Echo Lab to arrange
 1. Please select the most appropriate symptom/finding: STROKE (434.1)
 2. Evaluate for: _____
 3. History of dysphagia/odynophagia (painful swallowing)? Yes No
 4. History of esophageal disease (stricture, diverticulum, etc.)? Yes No
 5. History of esophageal surgery (dilation, etc.)?: _____
 6. History of esophageal varices or bleeding? Yes No
 7. Does pt have any of the following: anticoagulation bleeding disorder thrombocytopenia
 8. Prior complication with conscious sedation? Yes No
 9. Enter pager # of ordering physician: _____
 10. 3D volumetric image acquisition for quantification of LV volumes & EF? Yes No
 11. 3D volumetric image acquisition to evaluate cardiac valves & structure? Yes No
- X-Ray Chest 2 View Routine, ONCE
Reason for Exam/Referral Diagnosis?: Evaluate for pulmonary disease
- X-Ray Portable Chest 1 View Routine, ONCE
Reason for Exam/Referral Diagnosis?: Evaluate for pulmonary disease

MEDICATIONS

Anticoagulation See NEU: STROKE/RULE OUT STROKE/TIA: HEPARIN (PO-1558)

- aspirin 81 mg, Oral, DAILY
- aspirin 325 mg, Oral, DAILY
- aspirin 300 mg, Rectal, DAILY
- dipyridamole-aspirin SR (aka AGGRENOLX) 200-25 mg capsule 1 Cap, Oral, TWICE DAILY
- clopidogrel (aka PLAVIX) PO tablet [LOADING DOSE] 600 mg, Oral, ONCE
- clopidogrel (aka PLAVIX) PFT tablet [LOADING DOSE] 600 mg, Feeding tube, ONCE
- clopidogrel (aka PLAVIX) PO tablet [MAINTENANCE DOSE] 75 mg, Oral, DAILY
- clopidogrel (aka PLAVIX) PFT tablet [MAINTENANCE DOSE] 75 mg, Feeding tube, DAILY

Bowel Care

DO **NOT** use Adult Bowel Protocol for patients with intestinal obstruction, acute intestinal inflammation (e.g. Crohn's disease), colitis ulcerosa, appendicitis, acute abdominal pain, nausea or vomiting, pregnancy.

Link to Adult Bowel Protocol information: http://ozone.ohsu.edu/healthsystem/HIS/Bowel_Protocol.pdf

- Monitor per Adult Bowel Protocol Routine, CONTINUOUS
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PO 1 Tab, Oral, TWICE DAILY
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PFT 1 Dose, Feeding Tube, TWICE DAILY
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake

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- polyethylene glycol (aka MIRALAX) PO 17g, Oral, DAILY AS NEEDED if no BM in past 3 days. Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- polyethylene glycol (aka MIRALAX) PFT 17g, Feeding Tube, DAILY AS NEEDED if no BM in past 3 days. Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- bisacodyl (aka DULCOLAX) PR 10 mg, Rectal, TWICE DAILY AS NEEDED if no BM in past 3 days. Rectal medications are contraindicated in neutropenic patients
- tap water enema Routine, ONCE
- simethicone (aka MYLICON) PO 80 mg, Oral, THREE TIMES DAILY AS NEEDED for bloating CHEW tablets well before swallowing
- simethicone (aka MYLICON) PFT 80 mg, Feeding Tube, THREE TIMES DAILY AS NEEDED for bloating SHAKE WELL
- guar gum (aka BENEFIBER) PO 1 Packet, Oral, DAILY AS NEEDED for constipation, per bowel protocol Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.
- guar gum (aka BENEFIBER) PFT 1 Packet, Feeding Tube, DAILY AS NEEDED for constipation, per bowel protocol. Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.

Chest Pain

- nitroglycerin (aka NITROSTAT) 0.4 mg, Sublingual, EVERY 5 MINUTES AS NEEDED for chest pain

Hyperglycemia

See GEN: SUPPLEMENTARY INSULIN (PO-1760)
See GEN: INSULIN INFUSION: ACUTE CARE UNIT (PO-1569)
See ICU: INSULIN INFUSION- ADULT (PO-1751)

Insomnia

- zolpidem (aka AMBIEN) tablet 5 mg, Oral, AT BEDTIME AS NEEDED for insomnia
May repeat dose in one hour (not to exceed 10 mg)

Tobacco Withdrawal See GEN: TOBACCO DEPENDENCE (PO-7290) if patient is a current tobacco user or has used tobacco in the last 12 months.

Other

- aluminum-magnesium hydroxide-simethicone (aka MYLANTA) PO suspension 15 mL, Oral, EVERY 2 HOURS AS NEEDED for dyspepsia
- aluminum-magnesium hydroxide-simethicone (aka MYLANTA) PFT suspension 15 mL, Feeding tube, EVERY 2 HOURS AS NEEDED for dyspepsia

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GEN: ANALGESICS AND ANTIEMETICS: ADULT (PO-7217)

See <http://ozone.ohsu.edu/healthsystem/HIS/po7217.pdf>

VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS

See <http://ozone.ohsu.edu/healthsystem/HIS/po7272.pdf>

OTHER

Consults

- IP PT -- Eval and Treat Adult
- IP OT -- Eval and Treat Adult
- IP Speech -- Eval and Treat
- Start RT Protocols, RT to Eval and Treat
- IP Consult to Nutrition
- Consult to ENT / Otolaryngology

Start Date: _____

Start Date: _____

Start Date: _____

Reason for Eval/Treat: _____

Reason for Consult: _____

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____