



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

PO1500



**NEU: STROKE:
POST THROMBOLYTIC THERAPY**

Page 1 of 2

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, 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

Signature: _____ **Date:** _____ **Time:** _____

Print Name: _____ **Pager:** _____



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- 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.

- Weigh Patient on Admission Routine, ONCE
- 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

Activity

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

NUTRITION

Diet

- Diet Regular DIET EFFECTIVE NOW
- Diet Prudent (Sodium & Fat Modification) 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 medications DIET EFFECTIVE NOW

DIAGNOSTIC STUDIES

Diagnostic Studies Choose date of Head CT within order.

- CT Head without Contrast Routine, ONCE
Reason for Exam/Referral Diagnosis?: Evaluate for hemorrhage
24 hours post-infusion
Date: _____

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____