# HEMORRHAGIC STROKE ORDERS

Generic or Approved Therapeutic Substitution Authorized Unless Noted in Order. Orders containing any of these unacceptable abbreviations WILL NOT be processed.

<table>
<thead>
<tr>
<th>UNAPPROVED ABBREVIATION</th>
<th>PREFERRED TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (for unit)</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (for international unit)</td>
<td>Write “international unit”</td>
</tr>
<tr>
<td>Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)</td>
<td>Write “daily” and “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.o mg)</td>
<td>Note: prohibited only for medication-related notations</td>
</tr>
<tr>
<td>Never write a zero by itself after a decimal point (X mg)</td>
<td></td>
</tr>
<tr>
<td>MS, MSO4, MgSO4</td>
<td>Write “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears, respectively)</td>
<td>Write “left ear,” “right ear,” or “both ears”</td>
</tr>
<tr>
<td>T.I.W. (for three times a week)</td>
<td>Write “3 times a week” or “three times a week”</td>
</tr>
<tr>
<td>µg (formicrogram)</td>
<td>Always use a zero before a decimal point (0.X)</td>
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**BOLD ORDERS ARE FORCED ORDERS**

1. **Admit to:**
   - Inpatient
   - Observation
   - Outpatient

2. **Admitting Service:**

3. **Admitting Diagnosis:**

4. **Allergy:**
   - Height:

5. **Diet:**
   - Weight:

6. **When the Patient arrives to the unit, notify:**

7. **Diet:** NPO until swallow screen completed and documented.

<table>
<thead>
<tr>
<th>(a) Diet After Passing Swallow Study</th>
<th>(b) Dietitian Consult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Status: ( ) Full Code</td>
<td>( ) DNR (Copy of Advance Directive to chart)</td>
</tr>
<tr>
<td>Activity: ( ) Strict Bed Rest</td>
<td>( ) Up to Chair with Assist</td>
</tr>
<tr>
<td></td>
<td>( ) Bathroom Privileges with Assist</td>
</tr>
</tbody>
</table>

9. **Vital Signs & LOC:**
   - Every 1 hours while in ICU and every 4 hours in other units

10. **Neuro checks every 1 hours**
    - GCS q 4 x 24 then q shift

11. **Aspiration Precautions,**
    - HOB elevated to 90 degrees for PO intake

12. **Urinary straight catheterization if unable to void Q 8 hours.**
    - Foley to gravity for residuals > 150ml

13. **Respiratory O2:** 2-3 LPM via nasal cannula.
    - Check O2 sat Q shift while on O2. Call MD if O2 less than 90%

14. **Sequential Compression Stockings:**

15. **Hold PO intake and PO medications for drowsiness, Notify Physician**

16. **Daily Fasting ACCU check – chart.**

17. **Medications:**
   - ( ) MOM 30 mls PO every day prn constipation
   - ( ) Tylenol 650mg PO or rectal suppository Q 4hr prn headache or fever > 101.5

**Intracerebral Hemorrhage**

- IF Systolic > 220 or Diastolic > 120 call Physician

**For Systolic BP 180-220 or Diastolic BP 105-120** (for 2 readings, 15 minutes apart)
   - ( ) Labetalol 10mg IV over 1-2 minutes. Repeat Q 10 minutes to a maximum total dose of 300mg.
   - ( ) Labetalol 10mg IV over 1-2 minutes followed by an infusion of 2-8mg/min. Start Infusion @ 2mg/min then:
     - Increase by 1mg/min every 10 min prn, to maintain BP for above parameters.
     - (Infusion mix-100mg/100cc N/S 9.9%)
   - ( ) Enalapril 1.25mg ( ) Enalapril 2.5mg IV every 6 hours prn to maintain BP for above parameters
   - ( ) Cardene 5mg/hr (50ml/hr), Increase infusion rate by 2.5mg/hr every 15 minutes prn to maintain above BP Parameters (dose not to exceed 15mg/hr) (Infusion Mix 25mg/240cc N/S 9.9%-1mg/cc concen)
   - ( ) Other __________________________________________________________________________________

**Physician’s Signature:** __________________________
ORDERS MUST BE SIGNED BY PHYSICIAN

HEMORRHAGIC STROKE STANDING ORDERS

19. Medication: Subarachnoid Hemorrhage
For Systolic BP > 160 or Diastolic BP > 100 (for 2 consecutive BP, 15 minutes apart)
(  ) Labetalol 10mg IV over 1-2minutes, repeat 10minutes to maximum total dose 300mg
(  ) Labetalol 10mg IV over 1-2minutes followed by an infusion of 2-8mg/min. Start infusion @ 2mg/min
Then Increase by 1mg/min every 15 min prn to maintain BP for above parameters
(mix 100mg/100cc N/S.9%)
(  ) Enalapril 1.25mg IV, (  ) Enalapril 2.5mg IV Q6hours prn to maintain BP above parameters
(  ) Cardene 5 mg/hr(50cc/hr), Increase infusion rate by 2.5mg/hr Q 15minute prn to maintain above BP
(Dose not to exceed 15mg/hr) Infusion Mix 25mg/240ccN/S.9%-0.1mg/cc concentration

20. IV Solutions: (  ) Normal Saline with _______mEq KCL ______ml/hour
(  ) Saline Lock. Flush with 10ml NS Q shift and PRN

21. Notify Physician of:
(  ) If temperature is greater than or equal to 101.5
(  ) Deterioration in LOC check or deterioration of Neurological Status
(  ) New onset of Atrial Fibrillation
(  ) Suspect or observed seizure activity

22. Laboratory:
(  ) CBC with differential (  ) CMP
(  ) PT, PTT, INR
(  ) Hbg A1C if admitting blood sugar > 150

23. Fasting Lipid profile in AM if not done

24. Case Management for discharge planning for continuum of care
(a) Physical Therapy Consult   (b) Acute Rehab Consult

25. (  ) Occupational therapy (  ) Speech Therapy (  ) Nutrition
(  ) Neurologist____________________________________________________(PHYSICIAN’S NAME)
(  ) Neurosurgeon____________________________________________________(PHYSICIAN’S NAME)
(  ) Smoking Cessation Standing Order

26. Diagnostic Studies:
(  ) CT Brain (  )with contrast (  )without contrast (  ) CT Angiogram of Brain (  ) EEG
(  ) MRI of Brain (  ) MRA of Brain (  ) TCD
(  ) Catheter Cerebral Angiogram

27. Patient/Family Education Package

Physician’s Printed Name______________________________________________
Physician’s Signature_________________________________________________
Beeper #__________________  Date:_________  Time:_______