### JCAHO/Medicare Quality Indicators. These items must be completed

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Admit to:</td>
<td>☐ Inpatient</td>
<td>☐ Observation</td>
<td>☐ Outpatient</td>
</tr>
<tr>
<td>2.</td>
<td>Admitting Service:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Admitting Diagnosis:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Allergy:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Height:</td>
<td>Weight:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>When the patient arrives to the unit, notify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Condition: (circle one) Good / Fair / Serious / Critical</td>
<td>☐ Medical/Surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Code Status:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Neuro checks: every_____ If tPA was given then neuro checks with leg and extremity weakness every 15 mins for 2 hours then every 30 mins for 6 hours, then every 1 hour until 24 hours.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Call MD for: MAP &gt; _____ SBP &gt; _____ DBP &gt; _____ HR &gt; _____ &lt; _____ Temp &gt; _____ Respiration &gt; _____ &lt; _____ O2 saturation &lt; _____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change in neuro status or LOC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Vital signs: every_____ (admits to ICU need vitals taken every hour for 1st 24 hours)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### If ALTEPLASE t-PA INITIATED

A. Hold ASA, antiplatelet, or anticoagulant meds until confirmed safe by 24 hour follow up head CT

B. Vital signs: every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour until 24 hours completed. Start in ED and continue in ICU (Use Stroke Flowsheet (MCLN 0521 F)

C. For SBP ≤ 180-230mm Hg or DBP ≤ 105-120mm Hg (i.e. MAP ≤ 130-157): labetalol 10 mg IV over 1 to 2 minutes. Dose may be repeated or doubled every 15 minutes up to total dose of 150 mg.

D. For SBP>230mmHg or for DBP 121-140mm Hg: labetalol 10 mg IV over 1 to 2 minutes every ten minutes. Repeat or double the dose every 10 minutes up to total dose of 150 mg.

E. Alternative Medical Management of post tPA MAP> 130mm Hg: Nicardipine: 0.1mg/cc solution for infusion. Start drip at 5 mg per hour and titrate upward at 0.25 mg per hour every 10 minutes until SBP is less than 185mm Hg. Then set maintenance drip at 3mg per hour until SBP is less than 180.

F. Stop hypertensive therapy if SBP less is less than 180 and/or DBP less than 100 (MAP less than 127)

G. Monitor Blood Pressure every 15 minutes if on a BP drip

H. Call MD if DBP> 140mm Hg. or arterial hypertension is refractory to the above measures

I. Continuous Cardiac Monitoring

J. Bleeding Precautions

K. Evaluate punctures sites for bleeding or hematomas; apply digital pressure or pressure dressing to actively bleeding compressible sites

L. Evaluate urine, stool, emesis, or other secretions for blood.

M. Hemocult if evidence of bleeding noted.

N. For sign of life threatening hemorrhage or worsening of neurologic status call MD, Order stat noncontrast head CT and stop Alteplase (tPA) infusion STAT lab CBC, PT, PTT, fibrinogen, Type and Screen

O. CT of head without contrast 24 hours post tPA
13. Diet: NPO including medications until after speech consult then diet as recommended

14. Nutrition Consult

15. Nasogastric or orogastic tube if intubated or if determined unable to swallow by speech therapy

    Duodenal tube placement with abdominal X-ray to confirm placement

16. IV Fluids: ____________________________________________________________

17. Medications:
   Antiplatelet Rx Options: (Start antiplatelet therapy now unless received tPA)
   
   - Aspirin 81 mg po/pr daily
   - Aspirin 325 mg po/pr daily
   - Plavix 150 mg/px times one now then Plavix 75 mg po daily
   - Plavix 300 mg/px times one now then Plavix 75 mg po daily
   - Plavix 75 mg/px daily
   - Aggranox 25/200 one by mouth twice daily
   - Other: ____________________________

   Milk of Magnesia 30ml PO/NGT/OGT every day PRN
   Aluminum/Magnesium Hydroxide 30ml PO/NGT/OGT every 6 hours PRN
   Acetaminophen ____________ mg every 4-6 hr PO/PR PRN

   Insulin sliding scale of blood glucose (use regular insulin and give subcutaneous)
   Check Capillary Blood Glucose
   _____ Before meals and at bedtime _____ every 6 hours _____ others

   | < 60 give 1 amp D50 and call MD | 60-100 give 15cc of D/50 or 4 ounces of orange or apple juice if passed swallow study. | 101-140 Nothing required |
   | 141-200 2 units | 201-250 4 units | 251-300 6 units |
   | 301-350 8 units | 351-400 10 units | >401 10 units and call MD |

   Other medications ____________________________

   Continue home medications (see Medication Reconciliation Form #1355 A)

18. DVT Prophylaxis: Must be started before the end of the day 2.
   ☑ SCD’s applied now
   ☑ Arixtra (Fondaparinux) 2.5 mg scutaneous once daily. Fill out form MCLN 0014
     (If received tPA do follow up CT of head in 24 hours before giving)

19. Stroke admission panel: (enter under stroke admission panel in computer) Indicator/stroke
   Stroke Admit Panel
   ☑ CBC w/Diff      ☑ PTT
   ☑ CMP             ☑ UA
   ☑ Urine tox screen ☑ HbA1c
   ☑ PT/INR          ☑ Fasting Lipid Profile

20. Admit Labs: Indicator/stroke
   ☑ Phenytion level  ☑ Digoxin level  ☑ Carbamazepine level
   ☑ Blood sugar fingerstick ☑ Troponin, CPK, CK-MB, now then every ______ hours times 3
   ☑ Other ____________________________

Physician's Signature: ____________________________  Physician's Printed Name: ____________________________  Date: ____________  Time: ____________
21. AM labs for next day only: Indicator/stroke

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC w/Diff</td>
<td>PT/PTT</td>
<td>Glucose</td>
<td>Chem 7</td>
<td></td>
</tr>
<tr>
<td>C-reactive Protein</td>
<td>TSH</td>
<td>Fibrinogen</td>
<td>Folate</td>
<td></td>
</tr>
<tr>
<td>T4</td>
<td>ANA</td>
<td>B12</td>
<td>VDRL</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

22. MRI: Indications

- Brain: MRI/Diffusion Weighted Image
- Contrast:__________________________
- Brain: MRA
- Circle of Willis
- Verteobasilar
- Neck: MRA
- Other:

23. Carotid Ultrasound:

- ASAP
- STAT
- Bilateral Doppler
- Transcranial Doppler

24. Other brain imaging

- Other

25. Cardiac:

- EKG
- Echo TTE source of embolism
- Echo TEE source of embolism (ordering MD call MD head of Echo Lab to arrange)
- CXR PA/LAT
- Other

26. Pulmonary:

- Nasal
- Face Mask
- O2 for pulse oximetry saturations less than 95 percent

27. Activity / Precautions:

- As tolerated
- Bedrest
- Aspiration Precautions
- HOB Flat first 24 hours
- HOB 30°
- Seizure Precautions
- Fall Precautions
- Post Thrombolytic Precautions

28. Evaluate and Treat:

- Speech Therapy
- Occupational Therapy
- Case Management / Social Worker
- Physical Therapy
- Swallow Eval
- PMR Consult

29. Stroke Care Nurse Referral

30. Order stat CT of head without contrast & notify MD immediately if evidence of bleeding or decreased Level Of Consciousness

31. Additional orders:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________