



**INTERIM LSU PUBLIC HOSPITAL**  
**ISCHEMIC STROKE / TIA PHYSICIAN'S ADMISSION ORDERS**  
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Generic or Approved Therapeutic Substitution Authorized Unless Noted in Order.  
 Orders containing any of these unacceptable abbreviations WILL NOT be processed.

IMPRINT PATIENT INFORMATION HERE

UNAPPROVED ABBREVIATION	PREFERRED TERM
U (for unit)	Write "unit"
IU (for international unit)	Write "international unit"
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Write "daily" and "every other day"
Trailing zero (X.0 mg) - Note: Prohibited only for medication-related notations	Never write a zero by itself after a decimal point ( X mg)
MS, MSO, MgSO	Write "morphine sulfate" or "magnesium sulfate"
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears, respectively)	Write: "left ear", "right ear", or "both ears"
T.I.W. (for three times a week)	Write "3 times weekly" or "three times weekly"
µg (for microgram)	Write "mcg"
Lack of leading zero (.X mg)	Always use a zero before a decimal point (0.X mg)

► **JCAHO/Medicare Quality Indicators. These items must be completed**

1. Admit to: <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation <input type="checkbox"/> Outpatient	Patient Placement <input type="checkbox"/> ICU <input type="checkbox"/> Isolation <input type="checkbox"/> Incustody <input type="checkbox"/> Telemetry <input type="checkbox"/> PEC <input type="checkbox"/> Medical/Surgical
2. Admitting Service: _____	
3. Admitting Diagnosis: _____	
4. Allergy: _____	
5. Height : _____ Weight: _____	
6. When the Patient arrives to the unit, notify: _____	
7. Condition: (circle one) Good / Fair / Serious / Critical	
8. Code Status: _____	
9. Neuro checks: every _____ If tPA was given then neuro checks with leg and extremity weakness evaluation gxgt { 15 minu'hqt"2 hours then every 52o kpu'hqt"8"hours."yj gp"gxgt { "3"j qwt"wpkri"46"j qwtu.	
10. Call MD for: MAP > _____ SBP > _____ DBP > _____ HR > _____ < _____ Temp > _____ Respirations > _____ < _____ O2 saturation < _____ Change in neuro status or LOC	
11. Vital signs: every _____ (admits to ICU need vitals taken ever hour for 1 <sup>st</sup> 24 hours)	
<b>12. If ALTEPLASE t-PA INITIATED</b> 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 e 180-230mm Hg or DBP e 105-120mm Hg (i.e. MAP e 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 e 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 than100 (MAP less than 127) G. Monitor Blood Pressure ever 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	

Physician's Signature: \_\_\_\_\_ Physician's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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13.  Diet: NPO including medications until after speech consult then diet as recommended  
 14.  Nutrition Consult  
 15.  Nasogastric or orogastric 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/po times one now then Plavix 75 mg po daily
- Plavix 300 mg/po times one now then Plavix 75 mg po daily
- Plavix 75 mg/po 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 Temp > 99.2
- 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 <u>2 units</u>	201-250 <u>4 units</u>	251-300 <u>6 units</u>
301-350 <u>8 units</u>	351-400 <u>10 units</u>	>401 <u>10 units</u> 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 subcutaneous 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

<input checked="" type="checkbox"/> CBC w/Diff	<input checked="" type="checkbox"/> PTT
<input checked="" type="checkbox"/> CMP	<input checked="" type="checkbox"/> UA
<input checked="" type="checkbox"/> Urine tox screen	<input checked="" type="checkbox"/> HbA1c
<input checked="" type="checkbox"/> PT/INR	<input checked="" type="checkbox"/> ► Fasting Lipid Profile

20. Admit Labs: Indicator/stroke

<input type="checkbox"/> Phenytoin level	<input type="checkbox"/> Digoxin level	<input type="checkbox"/> Carbamazepine level
<input type="checkbox"/> Blood sugar fingerstick	<input type="checkbox"/> Troponin, CPK, CK-MB, now then every _____ hours times 3	<input type="checkbox"/> Other _____ _____

Physician's Signature: \_\_\_\_\_ Physician's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Louisiana State University Health Care Services Division  
Interim LSU Public Hospital**

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**Patient's Name:** \_\_\_\_\_ **Medical Record #:** \_\_\_\_\_

21. AM labs for next day only: Indicator/stroke

<input type="checkbox"/> CBC w/Diff	<input type="checkbox"/> PT/PTT	<input type="checkbox"/> Glucose	<input type="checkbox"/> Chem 7
<input type="checkbox"/> C-reactive Protein	<input type="checkbox"/> TSH	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> Folate
<input type="checkbox"/> T4	<input type="checkbox"/> ANA	<input type="checkbox"/> B12	<input type="checkbox"/> VDRL
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

22. MRI: Indications \_\_\_\_\_

- Brain: MRI/Diffusion Weighted Image       Contrast: \_\_\_\_\_
- Brain: MRA \_\_\_\_\_       Circle of Willis \_\_\_\_\_       Vertebrobasilar \_\_\_\_\_
- Neck: MRA \_\_\_\_\_
- Other: \_\_\_\_\_

23. Carotid Ultrasound:  ASAP     STAT     Bilateral Doppler     Transcranial Doppler

24. Other brain imaging  Other \_\_\_\_\_

25. Cardiac:

<input type="checkbox"/> EKG	<input type="checkbox"/> Echo TTE source of embolism
<input type="checkbox"/> Echo	<input type="checkbox"/> Echo TEE source of embolism (ordering MD call MD head of Echo Lab to arrange)
<input type="checkbox"/> CXR PA/LAT	<input type="checkbox"/> Other

26. Pulmonary: Oxygen Therapy to Maintain sats greater than 95 percent

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

27. Activity / Precautions:

<input type="checkbox"/> As tolerated	<input type="checkbox"/> Bedrest	<input type="checkbox"/> Aspiration Precautions	<input type="checkbox"/> HOB Flat first 24 hours
<input type="checkbox"/> HOB 30°	<input type="checkbox"/> Seizure Precautions	<input type="checkbox"/> Fall Precautions	<input type="checkbox"/> Post Thrombolytic Precautions

28. Evaluate and Treat:

<input checked="" type="checkbox"/> Speech Therapy	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Case Management / Social Worker
<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Swallow Eval	<input checked="" type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Stamp**

Admitting Doctor's Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ I.D. #: \_\_\_\_\_  
Beeper: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Physician's Stamp**

Neurologist's Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ I.D. #: \_\_\_\_\_  
Beeper: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_