

**Admission**

- ☐ Admit to Inpatient - Main Pavilion (Monitored bed) Estimated length of stay: 2 or more midnights or 1 midnight for inpatient only surgical procedure
- ☐ Place in Observation - Main Pavilion (Monitored bed)
- ☐ _____

Clinical Information

- ☐ FULL RESUSCITATIVE MEASURES
- ☐ LIMITED RESUSCITATION Including - Please see specific additional orders for pain management. Comfort Care (See Comfort Care Orders)
- ☐ DO NOT ATTEMPT RESUSCITATION Including - Please see specific additional orders for pain management.
- ☒ Precautions - Seizure - Follow Nursing Procedure for Care of the Seizure Patient.

Aspiration Precautions**Nursing**

- ☒ Precautions - Aspiration Risk - Elevate HOB 30-45 degrees continuously. Elevate HOB 90 degrees for meals and meds. Oral care before meals.

Diet

- ☐ NPO until Dysphagia Consult

Rehab

- ☐ Inpatient Dysphagia Consult Evaluate and treat

Radiology

- ☐ XR Swallow Func/Cine
- *Reason for Study / Diagnosis: _____
- ☐ _____

Clinical Information

- ☐ Precautions
- *Special Instructions _____
- ☐ _____

Activity

- ☐ Activity - Ambulate with Assistance Routine
- ☐ Activity - Bed Rest Routine - Turn every 2 hours
- ☐ _____

Vital Signs

- ☒ Vital Signs As Directed - Every 2 hours for 12 hours then every 4 hours
- ☒ Blood Pressure Management - Goal for first 24 hours: SBP 140-220 mmHg. If SBP is less than 220 mmHg in the first 24 hours, hold all (scheduled or PRN) BP medication unless DBP is greater than 120 mmHg. If SBP less than 120 mmHg, confirm active maintenance IV Fluids ordered. If SBP is less than 100 mmHg, activate and give bolus of NS 250 ml X 1, perform neuro check and notify MD.
- ☒ Blood Pressure Management - If SBP is between 100 and 120 mmHg AND drop of 50 mmHg has occurred within the last 12 hours, perform neuro check and notify MD. If SBP is less than 100 mmHg perform neuro check and notify MD.
- ☒ Neuro Checks (Nursing) As Directed - Every 15 minutes for 1 hour, then every 1 hour for 4 hours, then if stable, every 4 hours. If unstable, continue every 1 hour. Notify MD for any changes. Includes Glasgow Coma scale, pupillary and extremity assessments
- ☒ NIH Stroke Scale As Directed - On admission then every 8 hours for 24 hours then every AM and STAT as needed for any significant vital sign or Glasgow Coma changes.
- ☒ Temperature As Directed - Every 4 hours for temperature less 99.5 F (37.5 C) - Every 2 hours for temperature above 99.5 F (37.5 C)
- ☐ _____

Date/Time

Physician Signature

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#928433 (AR 01/2016) (01/2016 CDS)

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**Nursing**

- ☒ INT - Insert/Maintain q96h - Insert on non-paretic side
- ☒ Intake and Output - Strict Routine.
- ☒ Continuous Cardiac Monitoring Routine
- ☒ May go to Tests Off Monitor Routine - Unless vital signs are unstable
- ☒ Bladder Scan If patient unable to void, perform bladder scan and if greater than 150 mL, please call MD.
- ☒ HOB at 30 degrees - Routine - 30 degrees or above at all times
- ☐ Incentive Spirometry Nursing q2h Waking Hours Only
- ☒ RN Bedside Swallow Screen Once - Before first PO medication administration
- ☒ RN Bedside Stroke Education
- ☐ _____

NPO

- ☒ NPO

Conditional -passed RN swallow

- ☒ NPO except meds w/sips
- ☐ _____

☐ **Common Diet/Nutrition Orders*****Diet - Select ONLY 1**

- ☐ NPO
- ☐ NPO except meds w/sips
- ☐ Ice Chips Only
- ☐ Clear Liquid Diet
- ☐ Full Liquid Diet
- ☐ Low Fiber Diet
- ☐ Dental Soft Diet
- ☐ Regular Diet
- ☐ Mediterranean Diet NAS
- ☐ Heart Healthy Diet NAS, Low Fat/Chol, No Caffeine
- ☐ Carbohydrate Controlled Diet 60 gm Carb/Meal
- ☐ Dysphagia Diet Dysphagia Pureed, Honey - Thick Liquids, No Straws
- ☐ Renal Diet 2 gm K, NAS, Low Phos

NPO After Midnight

- ☐ NPO

Nutrition

- ☐ Nutrition Request - 6 small meals
- ☐ Nutrition Request
- ☐ Nutrition Consult Assessment/Treatment
- ☐ *Reason/Comments _____
- ☐ Nutrition Consult Diet Education - Current Diet
- ☐ Nutrition Supplement-Oral Nutrition Services to establish, Standard 1 Kcal Oral Supplement

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- ☐ Fluid Restriction (MD Order) 2000 mL/day
- ☐ Calorie Count 3 days - End date: T+3 Start Date: T+1
- ☐ Communication to Nutrition Services

*Comments _____

- ☐ Communication to Nutrition Services May have chewing gum from home; may have hard candy from home.
- ☐ Unlisted Nutrition Order
- *Comments _____

- ☐ Other Nutrition Orders :

Nursing Directive

- ☐ Advance Diet as Tolerated Routine - Nursing Order - This is NOT a diet order. - When advancing diet, ENTER diet order using source of "e-Order Follow-up".

☐☐

CHOMP Anti-Thrombotic Stewardship Site Click to open -->

DVT Risk Assess & Prophylaxis

- ☒ DVT/VTE Risk Assessment

*DVT/VTE Risk Level - Select One: _____

- ☐ Activity - Encourage Ambulation Routine

- ☒ Compression Device Routine. - Apply bilaterally, as adjunct to pharmacologic prophylaxis or if pharmacologic prophylaxis is contraindicated.

☐

Moderate Risk-Select 1 Drug

- ☐ Heparin 5,000 unit(s) SC q12h

- ☐ Enoxaparin (Lovenox) 40 mg SC q24h Preferred body sites: anterolateral and posterolateral abdominal walls -- alternate between right and left sides. Pharmacy to adjust dosing for renal impairment.

High Risk-Select 1 Drug

- ☐ Heparin 5,000 unit(s) SC q8h

- ☐ Enoxaparin (Lovenox) 40 mg SC q24h Preferred body sites: anterolateral and posterolateral abdominal walls -- alternate between right and left sides. Pharmacy to adjust dosing for renal impairment.

High Risk (ORTH Only)

- ☐ Fondaparinux (Arixtra) 2.5 mg SC daily

- ☐ Rivaroxaban Tab (Xarelto) 10 mg PO daily

☐

Laboratory

- ☐ Protine Order

- ☐ Hemogram

- ☐ aPTT (B)

Routine in AM x 3 days

- ☐ Protine Order Every 1 day(s), Routine, End After 3 occurrences. Start Date: T+1

- ☐ Hemogram Every 1 day(s), Routine, End After 3 occurrences. Start Date: T+1

- ☐ aPTT (B) Every 1 day(s), Routine, End After 3 occurrences. Start Date: T+1

☐

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**Labs - in AM**

- ☐ CBC (includes Automated Differential) RTN in AM Start Date: T+1
- ☐ Basic Metabolic Panel (HCFA) RTN in AM Start Date: T+1
- ☐ Comp Metabolic Panel (HCFA) RTN in AM Start Date: T+1
- ☐ Prottime Order RTN in AM Start Date: T+1
- ☐ aPTT (B) RTN in AM Start Date: T+1
- ☐ Hepatic Function Panel/ Liver (HCFA) RTN in AM Start Date: T+1
- ☒ Lipid Panel (HCFA) RTN in AM Start Date: T+1
- ☐ Hemoglobin A1C (Glycohemoglobin) RTN in AM Start Date: T+1
- ☐ Homocysteine Serum. RTN in AM Start Date: T+1
- ☐ ESR Westergren (L) RTN in AM Start Date: T+1
- ☐ C Reactive Protein RTN in AM Start Date: T+1
- ☐ ANA Titer RTN in AM Start Date: T+1
- ☐ RPR Order RTN in AM Start Date: T+1
- ☐ _____

Labs - every 8 hours x 3

- ☐ CK Every 8 hr(s), Time Critical, End After 3 occurrences. - Routine
- ☐ CKMB Every 8 hr(s), Time Critical, End After 3 occurrences. - Routine
- ☐ Troponin I Every 8 hr(s), Time Critical, End After 3 occurrences. - Routine
- ☐ _____

☐ **Hypercoagulable Labs****Labs**

- ☐ Antithrombin III Activity (Enzymatic).
- ☐ Cardiolipin IgA Antibody.
- ☐ Cardiolipin IgG Antibody.
- ☐ Cardiolipin IgM Antibody.
- ☐ Factor V (Leiden) Mutation Analysis
- ☐ Factor VIII.
- ☐ Lupus Anticoagulant Panel.
- ☐ Protein C Antigen.
- ☐ Protein S Antigen .
- ☐ Prothrombin (Factor II) 20210G A Mutation
- ☐ Phosphatidylserine Antibodies .
- ☐ Beta 2-Glycoprotein I Antibodies IgG, IgA, IgM
- ☐ _____
- ☐ _____

Urine

- ☐ Urinalysis RN Collect - Routine Collection Method: clean catch
- ☐ Urinalysis with Culture if Indicated RN Collect - Routine Collection Method: clean catch
- ☐ Drug Screen 7 (Urine Tox) RN Collect - ASAP/ URGENT Collection Method: clean catch

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☐**IV Therapy**☒

NS 1,000 mL Continuous IV Infusion

*Rate _____ mL/hr

IV Therapy - Conditional☒

NS 500 mL (Bag size) 999 mL/hr 250 mL IV Infusion for 1 Doses For SBP less than 100 mmHg within first 24 hours of admission and no history of CHF.; Conditional: Activate if SBP is less than 100 mmHg within first 24 hours of admission and no history of CHF. <Avail. Activations=1>

☐**Glycemic Management**☒

BG Chem (POC) - Perform tidac + hs + 0300 - If BG Chem greater than 180 mg/dL two consecutive times or greater than 240 mg/dL once within 72 hours of admission, activate Pharmacy Insulin IV Protocol and notify physician. Modify to q 6h if NPO over 6 hours or on continuous tube feedings. Modify frequency to tidac + hs + 0300 if eating. If BG Chem is below 70 mg/dL, initiate hypoglycemia procedure and notify physician. If BG Chem is below 70 mg/dL between midnight and breakfast, also reduce ALL basal insulin (Glargine, NPH and 70/30) orders by 25%.

☒

Insulin Lispro Correction Scale (HumALOG) - Moderate Scale SC tid with meals Follow Hypoglycemia Procedure if BG 0 - 69 0 unit(s) if BG 70 - 140 1 unit(s) if BG 141 - 170 2 unit(s) if BG 171 - 200 3 unit(s) if BG 201 - 230 4 unit(s) if BG 231 - 260 5 unit(s) if BG 261 - 290 6 unit(s) if BG 291 - 300 6 units and call MD if BG 301 - 320 7 units and call MD if BG 321 - 350 8 units and call MD if BG above 350 If BG Chem greater than 180 mg/dL two consecutive times or 240 mg/dL once within 72 hours of admission, activate Pharmacy Insulin IV Protocol and notify physician. Modify to Q6h if NPO over 6 hours or on continuous tube feedings. Modify to tid with meals if eating.

☒

Insulin Lispro Correction Scale (HumALOG) - Moderate Scale SC qhs + 0300 Follow Hypoglycemia Procedure if BG 0 - 69 0 unit(s) if BG 70 - 170 1 unit(s) if BG 171 - 200 2 unit(s) if BG 201 - 230 3 unit(s) if BG 231 - 260 4 unit(s) if BG 261 - 290 5 unit(s) if BG 291 - 300 5 units and call MD if BG 301 - 320 6 units and call MD if BG 321 - 350 7 units and call MD if BG above 350 If BG Chem greater than 180 mg/dL two consecutive times or greater than 240 mg/dL once within 72 hours of admission, activate Pharmacy Insulin IV Protocol and notify physician. If NPO over 6 hours or on continuous tube feedings discontinue this qhs + 0300 correction scale.

☒

Pharmacy Insulin IV Protocol Target BG for stroke patients is 140 - 180 mg/dL. Pharmacist to transition to SC when criteria met; Conditional: Activate if BG Chem is above 180 mg/dL two consecutive times or greater than 240 mg/dL once within 72 hours of admission. Discontinue this order after 72 hours. <Avail. Activations=1>

☐**Medications**☐

Aspirin Chew Tab 81 mg PO daily Give with food.

☐

Aspirin EC Tab (Ecotrin) 325 mg PO daily Give with food.

☐

Aspirin Supp 300 mg PR daily (Kept in Refrigerator)

☐

Aspirin-Dipyridamole 25/200 SA Cap (Aggrenox) 1 cap(s) PO bid

☐

Clopidogrel Tab (Plavix) 75 mg PO daily

☐

Warfarin Tab (Coumadin) mg PO Once

*Dose _____ mg

☐

Atorvastatin Tab (Lipitor) 80 mg PO Once Administer as soon as possible after passing bedside swallow screen.

☐

Atorvastatin Tab (Lipitor) 10 mg PO qpm

☐

Simvastatin Tab (Zocor) 20 mg PO qpm

☐

Rosuvastatin Tab (Crestor) 10 mg PO qpm

Pharmacy Protocols☐

Pharmacy Heparin Protocol

☐

Pharmacy Warfarin Protocol

☐

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Physician Documentation

☐ No Antithrombotics Ordered At This Time

*Reason(s): _____

☐ _____

Considerations In first 24 hours, do not reduce blood pressure by more than 20%.

☐ **Labetalol (Normodyne)**

For first 24 hrs

☒ Labetalol (Normodyne) 10 mg IV Push q6h for 24 Hours PRN SBP above 220 mmHg or DBP above 120 mmHg. Notify MD if SBP above 220 mmHg or DBP above 120 mmHg. Hold for HR less than 60 BPM. Do not decrease BP below 180/105 mmHg. Notify MD if ineffective.

After 24 hours

☒ Labetalol (Normodyne) 10 mg IV Push q6h PRN SBP above 180 mmHg or DBP above 105 mmHg. Notify MD if SBP above 180 mmHg or DBP above 105 mmHg. Do not decrease SBP below 140 mmHg. Hold for HR less than 60 BPM. Notify MD if ineffective. Start Date: T+1

☐ _____

☐ **HydrALazine (Apresoline)**

For first 24 hrs

☒ HydrALAZINE (Apresoline) 10 mg IV Push q6h for 24 Hours PRN SBP above 220 mmHg or DBP above 120 mmHg. Notify MD if SBP above 220 mmHg or DBP above 120 mmHg. Hold for HR less than 60 BPM. Do not decrease BP below 180/105 mmHg. Notify MD if ineffective.

After 24 hours

☒ HydrALAZINE (Apresoline) 10 mg IV Push q6h PRN SBP above 180 mmHg or DBP above 105 mmHg. Notify MD if SBP above 180 mmHg or DBP above 105 mmHg. Do not decrease SBP below 140 mmHg. Hold for HR less than 60 BPM. Notify MD if ineffective. Start Date: T+1

☐ _____

☐ **Metoprolol (Lopressor)**

For first 24 hrs

☒ Metoprolol (Lopressor) 5 mg IV Push q4h for 24 Hours PRN SBP above 220 mmHg or DBP above 120 mmHg. Notify MD if SBP above 220 mmHg or DBP above 120 mmHg. Hold for HR less than 60 BPM. Do not decrease BP below 180/105 mmHg. Notify MD if ineffective.

After 24 hours

☒ Metoprolol (Lopressor) 5 mg IV Push q4h PRN SBP above 180 mmHg or DBP above 105 mmHg. Notify MD if SBP above 180 mmHg or DBP above 105 mmHg. Hold for HR less than 60 BPM. Do not decrease SBP below 140 mmHg. Notify MD if ineffective. Start Date: T+1

☐ _____

☐ **Enalaprilat (Vasotec)**

For first 24 hrs

☒ Enalaprilat (Vasotec) 1.25 mg IV Push q6h for 24 Hours PRN SBP above 220 mmHg or DBP above 120 mmHg. Notify MD if SBP above 220 mmHg or DBP above 120 mmHg. Do not decrease BP below 180/105 mmHg. Notify MD if ineffective.

After 24 hours

☒ Enalaprilat (Vasotec) 1.25 mg IV Push q6h PRN SBP above 180 mmHg or DBP above 105 mmHg. Notify MD if SBP above 180 mmHg or DBP above 105 mmHg. Do not decrease SBP below 140 mmHg. Notify MD if ineffective. Start Date: T+1

☐ _____

☐ _____

Miscellaneous

☐ Acetaminophen Tab (Tylenol) 650 mg PO q4h PRN pain - mild (pain scale of 1 - 3) and/or temperature above 99.5 F (37.5 C) Maximum of 4 G acetaminophen in 24 hours.

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- ☐ Acetaminophen Supp (Tylenol) 650 mg PR q4h PRN pain - mild (pain scale of 1 - 3) and/or temperature above 99.5 F (37.5 C)
Maximum of 4 G acetaminophen in 24 hours.
- ☐ Docusate Sodium Cap (Colace,DSS) 100 mg PO bid PRN constipation

☐ **Bowel Regimen**

Bowel Regimen

- ☒ Docusate Sodium Cap 100 mg PO bid Hold for loose stools Start Date: T+1
- ☒ Polyethylene Glyc 3350 Pwd (MiraLax) 17 G PO or NG daily (1 pkt = 17 G = 1 Tbsp) Dissolve in 4 - 8 oz water. Hold for loose stools.
Start Date: T+1
- ☒ Senna Concentrate Tab (Senokot) 2 tab(s) PO qhs Each tablet:= 8.6 mg senna. If no bowel movement. Start Date: T+2
- ☒ Bisacodyl Supp (Dulcolax) 10 mg PR Once If no bowel movement. Start Date: T+3
- ☒ Enema - Milk and Honey Once - If still not bowel movement by day four. Contact physician for further orders if above medications are not effective; Conditional: If still not bowel movement by day four. Contact physician for further orders if above medications are not effective
<Avail. Activations=1> Start Date: T+4

☐☐

Diagnostic Imaging

- ☐ XR Chest 1 View Portable
*Reason for Study / Diagnosis: _____
- ☐ MRI Head
*Reason for Study / Diagnosis: _____
- ☐ MRA Head
*Reason for Study / Diagnosis: _____
- ☐ MRA Neck
*Reason for Study / Diagnosis: _____
- ☐ MRA Brain n/c COW Carotid - Reason: Stroke - Comments: This exam includes the MRI Brain, MRA Brain and MRA Neck.

☐

CT

- ☐ CT Head STAT - Contrast Protocol: Non Contrast
*Reason for Study / Diagnosis: _____
- ☐ CT Cerebral Perfusion STAT - Contrast Protocol: With Contrast
*Reason for Study / Diagnosis: _____
- ☐ CT Angio Head
*Reason for Study / Diagnosis: _____
*Non and With Contrast Protocol _____
- ☐ CT Angio Neck
*Reason for Study / Diagnosis: _____
*Non and With Contrast Protocol _____
- ☐ CT Angio Head/Neck
*Reason for Study / Diagnosis: _____
*Non and With Contrast Protocol _____

☐

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Cardiopulmonary

- ☐ EKG
*Reason for Study: _____
*Order Priority - Time: _____
- ☐ CP Echocardiogram. - Comments: Add bubble study if patient is under 60 years of age.
*Order Priority - Time: _____
*Reason for Study: _____
*Interpretation by: _____
- ☐ CP Transesophageal Echocardiogram. - Comments: Add bubble study if patient is under 60 years of age.
*Order Priority - Time: _____
*Reason for Study: _____
*Interpretation by: _____
- ☐ CP Carotid Duplex Ultrasound.
*Order Priority - Time: _____
*Reason for Study: _____
*Interpretation by: _____
- ☐ _____

Respiratory Therapy

- ☒ RT / RN Oxygen Therapy Routine - Mode of Delivery: Per RT Protocol - Comments: To maintain Sats above 92% - For Sats below: 90
- ☐ RT Incentive Spirometry Instruction Frequency: Once
- ☐ _____

Rehab

- ☒ Inpatient Physical Therapy Consult Evaluate and treat, CVA patient.
- ☒ Inpatient Dysphagia Consult Evaluate and treat, CVA patient.
- ☒ Inpatient Occupational Therapy Consult Evaluate and treat, CVA patient.
- ☒ Inpatient Speech Therapy Consult CVA patient.
- ☐ _____

Referrals and Consultations

- ☒ Discharge Planning Referral - CVA patient.
- ☐ Nutrition Consult Assessment/Treatment - CVA patient.
- ☐ Social Worker Request - CVA patient.
- ☒ Smoking Cessation Referral - CVA patient.
- ☒ Inpatient Rehab Evaluation - Reason for Referral: Neurologic Conditions
- ☐ Diabetes Inpatient Education (Educator: Extension 2613, Daily 9AM - 3 PM)
- ☐ _____

Communications

- ☒ Communication to Nursing <Continuous> - Telemetry for 48 hours, call MD before discontinuing telemetry to confirm
- ☒ Notify MD - If no antihypertensive medications are active 24 hours after admission.
- ☐ _____

VTE Prophylaxis Reference Information Click Here ==>

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