

- SISTERS OF CHARITY HOSPITAL • Buffalo, NY   
  SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY  
 KENMORE MERCY HOSPITAL • Kenmore, NY   
  MERCY HOSPITAL • Buffalo, NY   
  MERCY HOSPITAL Orchard Park division • Orchard Park, NY

**Allergies & Sensitivities:**

- No Known Allergies                     
  (Indicates automatic order. MD to draw line through orders to discontinue)

**Ischemic Stroke Admission Order**

page 1 of 2

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

Date:	Time:	Prescriber Orders
<b>Level of Care:</b> Admit to: <input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory surgery (ASU) <input type="checkbox"/> Inpatient Location: <input type="checkbox"/> Designated Stroke Unit: (Contact PMD if no bed available) <input type="checkbox"/> Remote monitoring <input type="checkbox"/> Telemetry - indication _____ <input type="checkbox"/> Critical Care unit		
Diagnosis: _____ Admitting Physician: _____ Consultation: _____ Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical <input type="checkbox"/> DNR Status: _____ <input type="checkbox"/> Obtain Health Care Proxy if available <input type="checkbox"/> NIHSS Admission score _____		
<b>NON-THROMBOLYSIS VITAL SIGN ORDERS:</b> <input type="checkbox"/> Neurovascular checks and vital signs every 2 hours for 8 hours x 1 day, then q____ hours for ____ hours, then every shift <input type="checkbox"/> <b>THROMBOLYTICS GIVEN</b> <b>POST THROMBOLYSIS ORDERS:</b> <input checked="" type="checkbox"/> Vitals signs q 15 mins for 2 hours, then q 30 mins for 6 hours, then q 1 hour for 16 hours, then q shift <input checked="" type="checkbox"/> Monitor for bleeding : Systemic-Hypotension, Tachycardia Intracranial-Altered mental state, worsening in neurologic function, increased BP and decreased heart rate <input checked="" type="checkbox"/> No anticoagulants or antiplatelets until repeat CT negative for intracranial bleeding <b><u>CRITICAL CARE MANAGEMENT FOR BLOOD PRESSURE CONTROL:</u></b> <b>FOR SYSTOLIC BP (SBP) GREATER THAN 180 mm Hg or DIASTOLIC BP (DBP) GREATER THAN 100 mm Hg:</b> <input type="checkbox"/> Nicardipine (Cardene) IV infusion: start at 5 mg/hr, titrate in 2.5 mg increments every 15 minutes to maintain SBP between 160 - 180 mm Hg [start at 2.5 mg/hr in elderly patients greater than or equal to 75 years or less than 64 kg (140 lbs)] <b>Maximum dose = 15 mg/hour</b> <b><i>If SBP remains greater than 180 mm Hg or DBP remains greater than 100 mm Hg , CONTACT PHYSICIAN IMMEDIATELY</i></b> <input type="checkbox"/> Labetalol (Trandate) 20 mg IV q 1 hour PRN for systolic greater than 180 or DBP greater than 100 mm Hg <b>DO NOT use if heart rate less than 55 beats per minute</b> <input type="checkbox"/> _____ <b>CONTACT PHYSICIAN IMMEDIATELY if blood pressure does not decline and remains greater than 180/100 mm Hg</b> <b><u>MEDICAL-SURGICAL UNIT MANAGEMENT FOR BLOOD PRESSURE CONTROL:</u></b> <b>FOR SYSTOLIC BP GREATER THAN 200 mm Hg or DIASTOLIC BP GREATER THAN 110 mm Hg:</b> <input checked="" type="checkbox"/> <b>CALL RAPID RESPONSE</b> <b>FOR SYSTOLIC BP GREATER THAN 180 mm Hg or DIASTOLIC BP GREATER THAN 100 mm Hg:</b> <input checked="" type="checkbox"/> Transfer patient to telemetry bed/monitored bed if patient currently not on cardiac monitoring <input checked="" type="checkbox"/> Dynamap BP, HR, RR every 15 minutes x 4 <input checked="" type="checkbox"/> Nurse at bedside until BP stable x 3 readings separated by 10 minutes <b>If patient NPO:</b> <input type="checkbox"/> Labetalol 20 mg/50 mL NS Infuse over 15 minutes q 2 h PRN [Give if SBP is greater than 180 mm Hg or DBP greater than 100 mm Hg] Administered (IVP) by House physician, if RN is not authorized to give as piggyback [Hold if HR is less than 55] <input type="checkbox"/> Enalaprilat 1.25 mg IVPB in 50 mL Normal Saline (run over 5 minutes) x 1 dose for SBP greater than _____ or DBP greater than _____ <b>For patient able to take oral medications [please indicate antihypertensive choice(s) below]</b> <input type="checkbox"/>		
<b>1. ACTIVITY:</b> <input type="checkbox"/> Bedrest <input type="checkbox"/> Elevate head of bed _____ <input type="checkbox"/> Bedrest / Bathroom privileges <input type="checkbox"/> OOB to chair <input type="checkbox"/> Ambulate <input type="checkbox"/> Activity as tolerated		
<b>DIET:</b> <input checked="" type="checkbox"/> <b>NPO until Swallow Screen Completed</b> Choose diet below based on results of Swallow Screen <input type="checkbox"/> NPO <input type="checkbox"/> Diet Consistency: <input type="checkbox"/> Regular <input type="checkbox"/> Pureed with Honey-thickened liquids <input type="checkbox"/> _____ Calorie Consistent Carbohydrate (ADA) <input type="checkbox"/> Low Sodium (2 g Na) <input type="checkbox"/> Low Fat/Low Cholesterol <input type="checkbox"/> Other _____		
<b>Prescriber Signature:</b> _____		

