Admit/Dischg/Transfer

NIH Stroke Scale (NOTE)*
Ischemic Stroke IV tPA Checklist (NOTE)*
All Cases to be discussed with Neurology (NOTE)*

Initial Orders
(1) Immediately move patient to Critical Care room and notify ED Provider
(2) Consult ED Provider about obtaining a Rapid Urine Drug Screen (NOTE)*

Once the stroke type has been determined it is critical to move to the specific PowerPlan for the correct management parameters:
* Stroke Ischemic/TIA (With tPA) Module
* Stroke Ischemic/TIA (NO tPA) Module
* Stroke Hemorrhagic Module (Intracerebral Hemorrhage) (NOTE)*

Dysphagia Screen
(1) If patient passes the screen, then advance diet as tolerated to Cardiac Diet;
(2) If patient fails the screen, patient to remain NPO and Nursing to order Speech Therapy Eval and Treatment/Beds Side Swallowing

Diet
NPO, Advance As Tolerated, Advance to: Cardiac Diet, No exceptions, NPO until Nursing completes the bedside Dysphagia Screen (includes oral meds)

Vital Signs (Frequent)
Every 15 Minutes, Notify provider for SBP greater than 185 mmHg or DBP greater than 110 mmHg

Neuro Checks (Frequent)
Every 15 minutes, Notify Provider immediately if neurological deterioration or seizure activity, headache, nausea/vomiting.

Telemetry Monitoring
Continuous while in ED

Saline Lock

Activity
Bedrest, Head of Bed Elevation 30 degrees

EK ECG Standard
Stat, Acute Stroke, 0, Patient in ED

EKG PRN Chest Pain (place order)

Bedside Glucose Monitoring
Stat, Notify Provider of result

Type & Screen
BLOOD, Stat

Type & Screen
BLOOD, Stat

Oxygen
Via: Nasal Cannula, Keep sats greater than 94% using appropriate oxygen device

Continuous Pulse Oximetry.
Keep O2 sat greater than 94% using appropriate oxygen device

Continuous Solutions
Sodium Chloride 0.9% (Bolus Infusion)
1,000 mL, Soln, IVPB, ONCE, Infuse Over: 1 hr
Sodium Chloride 0.9%
   Tot Vol: 1,000 mL, Flow Rate: 100 mL/hr, Soln, IV

Laboratory

- Basic Metabolic Panel
  *BLOOD, Stat, ED CODE STROKE*

- CBC with Differential
  *BLOOD, Stat, ED CODE STROKE*

- Fibrinogen Level
  *BLOOD, Stat, ED CODE STROKE*

- Protime (PT) INR
  *BLOOD, Stat, ED CODE STROKE*

- Partial Thromboplastin Time (PTT)
  *BLOOD, Stat, ED CODE STROKE*

- Thrombin Time
  *BLOOD, Stat, ED CODE STROKE, (For Patients on Pradaxa)*

- Troponin T (Random)
  *BLOOD, Stat, ED CODE STROKE*

- Troponin I
  *BLOOD, Stat, ED CODE STROKE*

- Troponin I Protocol(Sub)*

- Troponin I Protocol Orders(Sub)*

- Chest Pain Biomarker (Troponin) Protocol(Sub)*

- Urinalysis Reflex to Culture
  Stat

- Rapid Urine Drug Screen
  Stat

- Rapid Urine Drug Screen
  Stat

- Rapid Urine Drug Screen
  Stat

- Rapid Urine Drug Screen
  Stat

Tests/Procedures

- XR Chest Two Views
  Stat, ED CODE STROKE. Assess for mediastinal widening, possible tPA

- XR Chest Portable
  Stat, Portable, ED CODE STROKE. Assess for mediastinal widening, possible tPA.

- CT Brain without Contrast 70450
  Stat, ED CODE STROKE - Question Acute Stroke, possible tPA
Screen for emergent large vessel occlusion. Consider CTA head and neck in patients with NIHSS greater than 6, patients with cortical signs of stroke and complete hemispheric syndrome within 24 hours of onset. (NOTE)*

EMMC / Inland / SVH / BHMH Use this order: (NOTE)*

☐ CT CTA Head & Neck w & w/o Contrast 70496 & 70498
   Stat, Stretcher, Acute Stroke

Mercy / TAMC use these orders: (NOTE)*

☐ CT CTA Neck w & w/o Contrast 70498
   Stat, Stretcher, Acute Stroke

☐ CT CTA Head w & w/o Contrast 70496
   Stat, Stretcher, Acute Stroke

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
This order set was last reviewed December 2017