



## HEMORRHAGIC STROKE – ADMISSION ORDERS

(For patients with non-traumatic hemorrhagic stroke.)

*Provider to check appropriate boxes. These orders are not implemented until signed by provider.*

***☒ = Best practice. Provider must cross out pre-checked order if not desired.***

***\*CMS STROKE CORE MEASURE***

**1. Admit to:** \_\_\_\_\_

**2. Allergies:** \_\_\_\_\_

**3. Diagnosis:** \_\_\_\_\_

**4. Condition:**     Guarded                       Critical                       Serious                       Stable

**5. Nursing:**

- Vital Signs (HR, BP, SpO2, RR) every 4 hours at minimum
- Neuro Checks every 4 hours at minimum
- NIHSS on arrival from ED and every shift
- Notify provider for NIHSS increase of 4 points or more
- Supplemental oxygen to maintain SpO2 greater than 94% or as ordered: \_\_\_\_\_
- Place on telemetry
- EKG
- Head of bed 30 degrees
- Fingertick blood glucose ac and hs. Call if over 180mg/dL or less than 60mg/dL to receive treatment instructions
- Stroke Education\* on patient's stroke risks, stroke signs, use of 9-1-1, medications and follow-up appointments.
- Tobacco Cessation. Referral to Montana QuitLine as indicated

**6. Activity:**

- Activity as tolerated
- Bedrest

**7. Diet:**

- Nursing swallow screen for dysphagia prior to any oral intake
- Advance diet as tolerated after passing dysphagia screen
- NPO
- Aspiration precautions

**8. VTE prophylaxis\*:**

- Intermittent pneumatic compression devices to bilateral legs
- Contraindication to VTE prophylaxis. Reason: \_\_\_\_\_

**9. IV Therapy:**

- IV NS @ \_\_\_cc/hr
- Saline lock IV

**10. Antiemetic:**

- Ondansetron 4mg IV every \_\_\_ hours for nausea
- Metoclopramide \_\_\_ mg slow IV every \_\_\_ hours for nausea

**11. Fever:**

- Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)

**NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired.



**12. Pain Management:**

- Morphine \_\_\_mg IV every \_\_\_\_\_ as needed for pain
- Fentanyl \_\_\_mcg slow IV every \_\_\_\_\_as needed for pain
- Dilaudid \_\_\_ mg IV every \_\_\_\_\_ as needed for pain

**13. Acute Seizure Abortive Therapy:**

- Lorazepam (Ativan) \_\_\_\_ mg IV Push (2-4 mg is recommended)
- For seizure that reoccurs within 5 minutes, repeat lorazepam, and consult neurosurgery

**14. Blood Pressure Management:**

- Maintain BP less than 140/90.
- Consult with neurology/neurosurgery for patient specific BP parameter recommendations.
- Notify provider if unable to achieve BP goal with PRN antihypertensives.

**Nitrates are not advised for stroke BP management**

<input type="checkbox"/>	Labetalol (NORMODYNE®, TRANDATE®)	First line therapy: 10 mg IV over 2 minutes PRN SBP greater 140, DBP greater than 90 (on 2 or more consecutive BP checks at least 10 minutes apart) with HR greater than 60 bpm.  May repeat and/or increase to 20 mg every 10 minutes. If BP uncontrolled after 2 doses or 20 minutes, consider continuous infusion options below.
<input type="checkbox"/>	Nicardipine (CARDENE®) infusion  2.5-15 mg/hour continuous IV infusion	5 mg/hour initial dose  Titrate to desired effect by increasing 2.5 mg/hour every 5 minutes to a maximum of 15 mg/hour.
<input type="checkbox"/>	Clevidipine (Cleviprex®) infusion  1-2 mg/hour continuous IV infusion	1-2 mg/hour,  Titrate to desired effect by doubling dose every 2-5 minutes to a maximum of 21 mg/hour.
<input type="checkbox"/>	Nitroprusside (NIPRIDE®) infusion  0.1-10 mcg/kg/min continuous IV infusion	0.1 mcg/kg/minute initial dose  Titrate to desired effect by increasing 0.5 mcg/kg/minute every 5 minutes to a maximum of 10 mcg/kg/minute
<input type="checkbox"/>	Hydralazine (APRESOLINE®)	Alternative first line therapy if HR less than 60 bpm: 20 mg IV over 2 minutes PRN SBP greater than 140, DBP greater than 90 (on 2 or more consecutive BP checks at least 10 minutes apart).  If BP remains elevated after one dose or 20 minutes, consider continuous infusion options above.

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**15. Labs: (ordered for today and now unless otherwise specified)**

- Hemoglobin A1c
- Troponin



- |   |  |
|---|--|
| <input type="checkbox"/> CBC                    | <input type="checkbox"/> Urinalysis                |
| <input type="checkbox"/> Metabolic panel: _____ | <input type="checkbox"/> Drug Screen               |
| <input type="checkbox"/> PT/INR                 | <input type="checkbox"/> Alcohol Level             |
| <input type="checkbox"/> PTT                    | <input type="checkbox"/> Fasting lipid panel in AM |
| <input type="checkbox"/> Other: _____           |  |

**16. Diagnostics and Imaging:**

- |  |                  |
|--|------------------|
| <input type="checkbox"/> Non- contrast head CT | Date/Time: _____ |
| <input type="checkbox"/> MRI brain             | Date/Time: _____ |
| <input type="checkbox"/> Other: _____          |                  |

**17. Consultations:**

- |   |  |
|---|--|
| <input type="checkbox"/> Neurology                        | <input checked="" type="checkbox"/> Discharge Planner/ Case Management |
| <input type="checkbox"/> Neurosurgery                     | <input type="checkbox"/> Diabetic Education                            |
| <input checked="" type="checkbox"/> Physical Therapy *    | <input type="checkbox"/> Palliative Care                               |
| <input checked="" type="checkbox"/> Occupational Therapy* | <input type="checkbox"/> Spiritual Care                                |
| <input checked="" type="checkbox"/> Speech therapy*       | <input type="checkbox"/> Nutrition                                     |

**18. Additional orders:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Verbal order from** \_\_\_\_\_ (Provider)  
 Nursing signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Provider signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Patient Identification**

Rev. 8/18, Rev. 11/21