NORTH CAROLINA BAPTIST HOSPITAL
PHYSICIAN ORDER FORM

PHYSICIANS: All orders should be written generically and using the Metric System; include the physician's signature, PRINTED name, ID Number, beeper number and the date/time. A generically and therapeutically alternative drug as approved by the P & T Committee may be dispensed unless the order is specifically designated "Dispense as Written."

Form Approved by Medical Record Informatics Technology Committee: __10/05_______________________

FAX TITLE: Moderate Ischemic Stroke Admission Orders

DATE TIME

(PLEASE CIRCLE OR CHECK APPROPRIATE ORDERS AND FILL IN BLANKS AS NEEDED)

DIAGNOSIS:  ALLERGIES:

1. ☐ Admit to Neurology Floor Bed  ☐ Admit to Neurology Floor Telemetry Bed
☐ Admit to Neurology Floor Acute Care Bed ☐ Admit to Intermediate Care Bed

2. Attending: ___________________________ HO: ___________________________
   Beeper: ___________________________

3. Condition: ☐ Good ☐ Fair ☐ Serious ☐ Critical

4. Cardiac Monitor if history of or suspected arrhythmia or cardiac ischemia (Complete orders for Centralized Telemetry Surveillance Unit)
   ☐ D/C monitor after 24 hours if no dysrhythmia intervention required.

5. Vital Signs , Oxygen Saturation and Neuro Checks : ☐ every 4 hrs.X24 hours , then every 8 hrs.
   ☐ On day 3 change vital signs, oxygen saturation and neuro checks to every shift
   ☐ D/C O2 sats if >92% on room air
   Call HO if: T>101.5˚F, SBP <90mmHg or >210mmHg., DBP>110 mmHg, HR< 50 bpm OR >120 bpm,
   RR<12/min or >24/min., O2 Sat <93% or , or Urine output <240cc/8 hrs.

6. Intake/ Output: ☐ Routine: Total every 8 hrs (every 2hr in ACB & IMC)
   ☐ Strict: Quantify urine output . Total every 4 hrs. (every 2 hr. in ACB& IMC)

7. Activity: ☐ Turn every 2 hrs. If immobile, or while in bed (Right- Back – Left, Right-Back- Left)
   ☐ Passive ROM bid to affected extremities
   ☐ OOB to chair daily; OOB to chair bid beginning day 2
   ☐ Other

8. Weight: ☐ On admission

9. ☐ Hemetest stools if on Heparin or Warfarin (Coumadin®)

10. Glucometer checks if diabetic: ☐ bid before breakfast and supper ☐ AC and at bedtime
    ☐ Sliding Scale Insulin per Standard Dose Protocol

11. Residual Checks every 4 hours if on enteral feedings

12. ☐ Bladder management Protocol

13. ☐ Bowel Management protocol

14. ☐ Skin Protection Protocol

DATE: TIME:

Physician Computer ID # ☐ Physican SIGNATURE: ☐ PRINT Physician NAME: ☐ Beeper #:

Unit Secretary SIGNATURE: TIME Sent to Pharmacy: RN SIGNATURE:

(Rev. 10/11/05)
DATE: TIME:

**Physician**

**Computer ID #**

**Physician SIGNATURE:**

**PRINT Physician NAME:**

**Beeper #:**

**Unit Secretary SIGNATURE:**

**TIME Sent to Pharmacy:**

**RN SIGNATURE:**

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**NORTH CAROLINA BAPTIST HOSPITAL**

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**DATE**

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**DIAGNOSIS:**

**ALLERGIES:**

15. Diet: □ Initiate Dysphagia Screening Protocol: diet and medication per screen results
   Oral diet if screening passed: □ Prudent □ Diabetic, Prudent______cal.
   □ Diabetic/ Calorie Controlled______cal. □ Other: ______________
   ___ Enteral feedings if screening failed: ____________________________ (Complete Adult Enteral Feeding Orders)
   □ Nutrition Consult (Reason) __________________________________________________________________________

16. Labs: Admission: □ CBC with diff if not completed in ED □ CMP if not completed in ED
   □ PT/PTT if not completed in ED
   Labs: Daily: □ PTT per Heparin Protocol
   □ PT Expanded daily X3 if on Warfarin (Coumadin®)

17. Labs: Consider on Admission:
   □ Magnesium if admission K+ abnormal
   □ ESR, RPR if no obvious cardiac source for cerebral ischemia
   □ Drug Screen if suspected abuse risk factors and no apparent stroke etiology
   □ TSH if arrhythmia suspected or increased cholesterol on FLP
   □ HgbA1C if increased glucose on CMP or history of diabetes mellitus
   □ Lupus inhibitor and anti-cardiolipin antibodies if PTT elevated
   □ Cardiac Profile (Troponin, CK(CPK)+ CK-MB) every 8 hrs. X3 if suspected cardiac ischemia
   □ ANA
   □ RF
   □ Thrombophilia Screen

18. Tests: □ EKG (if not completed in ED) Reason for Test: ________________________________

19. Tests: □ CXR (PA/ Lateral) (if not completed in ED) Reason for Test: ____________________
   □ CXR (portable) (if not completed in ED) Reason for Test: __________________________

20. Diagnostic Tests: □ Carotid Ultrasound □ Transcranial Doppler □ Trans- Thoracic echocardiogram
    □ Trans-esophageal echocardiogram □ Cranial MRI without contrast
    □ Cranial MRI with and without contrast □ Intracranial MRA with contrast
    □ Carotid MRA with contrast □ MRV specify: __________________
    □ Cerebral Arteriogram / CTA

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(Rev. 10/11/05)

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**Chart Copy**

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**NORTH CAROLINA BAPTIST HOSPITAL**
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21. Respiratory:  
- □ Nasal Cannula ______L/min.  
- □ D/C oxygen if oxygen saturation sustained above 93% on room air  
- □ Incentive Spirometry

22. Therapy:  
- □ PT Evaluate and Treat  
- □ OT Evaluate and Treat  
- □ Speech

23. □ Meets criteria for pneumococcal vaccine (ACIP Criteria on Infinet under “Guidelines”)  
- □ Administer 0.5ml. pneumococcal vaccine IM  
- □ Meets criteria for Influenza vaccine (Sept.- Mar.) (ACIP Criteria on Infinet under“Guidelines”)  
- □ Administer 0.5 ml. influenza vaccine IM

24. Smoking Cessation Advice/ Counselling (if patient has smoked within the last year)  
- □ Patient Education  
- □ Nicotine Patch_____ (21mg/day or 14 mg./day or 7mg./day) patch top daily  
- □ Bupropion SR_________ mg. (150 mg.) PO daily X3 days then bid

25. Medications (Select dose and route of administration):  
- □ Enteric Coated Aspirin____ mg. (81mg. or 325 mg) PO daily OR Aspirin Suppository______mg. (125mg or 300 mg.) PR daily if NPO  
- □ Heparin sodium (Complete STANDARD Adult Heparin Protocol Orders)  
- □ Warfarin (Coumadin®_______mg. (2 mg. or 5 mg.)PO/NG daily to start on second day of Heparin  
- □ Ticlopidine (Ticlid®) 250 mg. PO/NG bid  
- □ Clopidogrel bisulfate (Plavix®) 75mg. PO/NG daily  
- □ Aspirin/ dipyridamole (Aggrenox ®)25/ 200 mg. PO bid  
- □ Acetaminophen_____mg. (650mg.) PO/NG/PR every 6 hrs. prn mild discomfort  
- □ Promethazine_____mg. (12.5 or 25 mg.) IV/PO/PR every 6 hrs. prn nausea-vomiting  
- □ Aluminum –Magnesium Hydroxide(Maalox®)_____ml (30ml ) PO/NG every 4 hrs. prn indigestion  
- □ Lorazepam (Ativan®)______mg. (0.5mg. or 1 mg.) PO/NG/IV every 8 hrs. prn anxiety  
- □ Diphenhydramine hydrochloride (Benadryl®)_____mg. (12.5 or 25 mg. ) PO/NG/IV at bedtime prn sleeplessness

**DATE:**  
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Chart Copy
25. Medications (Select dose and route of administration): Continued from page 3

- Begin Statin, day 2, if indicated:
  - Atorvastatin (Lipitor®) _____mg every day
  - Simvastatin (Zocor®) ______mg daily in the evening
  - Other

- Resume Home Medications as listed below (Include dose, route, and frequency)
  
26. DVT Prophylaxis:
  - Heparin 5,000 units SQ bid
  - Pneumatic compression devices to bilateral lower extremities

27. IV: Saline lock: flush per policy
   - if on IV Heparin or IV medications greater than every 6 hrs., IV fluids

   - Other

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