

## STANDING ADMISSION ORDERS CEREBRAL VASCULAR ACCIDENT

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Place in Observation Services:**  Med/Surg  Telemetry  Other: \_\_\_\_\_  
**Admit to Inpatient:**  Med/Surg  Telemetry  ICU  
**Diagnosis:** CVA: Type  Ischemic  Hemorrhagic  TIA  Other: \_\_\_\_\_  
**Consult:**  Neurology: \_\_\_\_\_  Neurosurgery: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Allergies:**  \_\_\_\_\_

**Code Status:**  Full  Partial:  Shock  Chemical  Other: \_\_\_\_\_  DNR

**Vital Signs:**  Per unit protocol  
 VS and Neuro checks every \_\_\_\_\_ minutes for \_\_\_\_\_ hrs, then every \_\_\_\_\_ minutes for \_\_\_\_\_ hrs  
 (call MD with changes in neuro status)  
 VS and Neuro checks every shift  
 VS and Neuro check every \_\_\_\_\_ hrs  
 Call for SBP greater than \_\_\_\_\_ SBP less than \_\_\_\_\_ DBP greater than \_\_\_\_\_ DBP less than \_\_\_\_\_  
 Other: \_\_\_\_\_

**Activity:**  Bed rest  Up in chair  Bedside commode  Ambulate ad lib  Bathroom privileges  Turn every 2 hrs

**Nursing:**  Daily weight  Bleeding precautions  Egg crate  
 Intake & Output  Decubitus precautions  Aspiration precautions  
 Foley to drainage  HOB at 30 degrees  Seizure precautions  
 Pulse oximeter  every shift  Sequential Compression Device (SCD)  
 twice a day  
 Complete Fibrinolytic Checklist  
 Glucose checks AC and at bedtime or every \_\_\_\_\_ hrs  
 Other: \_\_\_\_\_

**Diet:**  Regular  NPO  1 gm low sodium  2 gm low sodium  
 Clear liquid  Full liquid  Soft solids  Pureed  
 Low fat, low cholesterol  
 Diabetic: \_\_\_\_\_ kCal ADA  
 Other: \_\_\_\_\_

**Fluids:**  Intravenous: \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  
 Saline lock  
 Other: \_\_\_\_\_

**Respiratory:**  Nasal Cannula \_\_\_\_\_ L/min, adjust to keep O2 sat greater than 92%. DC if O2 sat greater than 93 % on RA  
 Venti Mask \_\_\_\_\_ % FIO2  100% NRB  
 Other: \_\_\_\_\_

**Labs:**  BMP  CMP  Magnesium  Guaiac stool (if on anticoagulants)  
 Fasting lipid profile  TSH  UA  ABG  PT/INR  
 PTT  RPR  ANA  B12  ESR  
 CBC with differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  
 CBC without differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  Other Labs: \_\_\_\_\_

**Studies:**  CXray:  Portable  PA/Lateral  MRI Brain with and without contrast  
 EKG  EEG  Cerebral Arteriogram  
 Echocardiogram  Transcranial doppler  
 Carotid Doppler study  MRA Brain with contrast  
 Noncontrast CT Scan Head  Swallow studies  
 Other: \_\_\_\_\_

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

 <b>St. Luke's Medical Center</b> 1800 E. Van Buren St. - Phoenix - AZ 85006 (602) 251-8100	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

**Ancillary Services:**

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Rehab Evaluation

**Medications: (Check the appropriate box)**

- Aspirin  325mg  162mg  81mg PO daily
- Dipyridamole (Persantin) 200mg PO daily
- Clopidogrel (Plavix) 75 mg PO once daily
- Ticlodipine (Ticlid) 250mg PO BID
- Tissue Plasminogen Activator (T-PA, Alteplase) for acute ischemic CVA less than 3 hr onset; 0.9 mg/kg over 60 minutes (max dose 90 mg).  
Administor 10% of total dose as bolus over first minute of infusion.
- Heparin 12 units per hours continuous IV infusion without bolus
- Heparin 5000 units subcutaneous every 8 hrs
- Enoxaparin (Lovenox) 40 mg subcutaneous daily
- Lisinopril (Zestril, Prinivil)  5mg  10mg PO daily. If allergic or intolerant to ACEI, use Losartan (Cozaar) 25mg PO daily.  
Hold if SBP less than 90 mm or K+ greater or equal to 5.5 mmol/L or Creatinine greater or equal to 2.5. DO NOT USE IF ANGIOEDEMA IS PRESENT
- Simvastatin (Zocor) 40 mg PO, every night before bedtime
- Famotidine (Pepcid) 20 mg  IV  PO twice daily
- Nicotine 21mg topical patch apply daily

**Protocols: All protocol orders must be placed in chart**

- Insulin subcutaneous Sliding Scale Protocols:  Mild Protocol  Moderate Protocol  Aggressive Protocol

**Standard Medications: (all orders below will be implemented unless crossed out)**

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101F
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Prochlorperazine (Compazine) 5 mg IV every 6 hr PRN nausea/vomiting
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO every HS PRN constipation
- Maalox 30 ml PO PRN heartburn

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

  	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 <b>St. Luke's Medical Center</b> 1800 E. Van Buren St. - Phoenix - AZ 85006 (602) 251-8100	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								