3-Hole 1/4 1 3/8 c-to-c

Hilo Medical Center
We Care for Our Community

ISCHEMIC STROKE MD ORDERS

Date: _____ **Diagnosis:** Ischemic Stroke

Admit to:

☐ CCU/ICU Primary with Seizure Precautions ☐ CCU/ICU Secondary with Seizure Precautions
☐ Medical Unit with Seizure Precautions ☐ CVU with Seizure Precautions

Allergies:

☐ No known drug allergies ☐ Allergies: _____

Consults:

☐ Neurologist - Dr. _____
☐ Other: _____
Consult MD notified Date: _____ Time: _____
☐ Speech Therapist for speech/swallowing evaluation

☐ PT Screen ☐ OT Screen ☐ Both PT & OT Screen
☐ No Rehabilitation – Reason: _____

Activity:

☐ Bedrest (See DVT Prophylaxis orders on page 2) ☐ Up as tolerated with assistance ☐ Independent
☐ Fall precautions

Vital Signs with Neuro Checks:

☐ Every 2 hr ☐ Every 4 hrs ☐ Other: _____

Nursing:

☐ Weight on admission ☐ I & O ever shift ☐ HOB 30° at all times

Diet: ☐ General ☐ Renal ☐ Diabetic _____ calories ☐ Cardiac ☐ Other: _____
☐ Mechanical Soft ☐ Thickened Liquids
☐ NPO including meds (see Speech Consult order above)

Resp: ☐ Other: SEE SEPARATE RESPIRATORY THERAPY ORDER FORM

Studies:

☐ CBC + diff; BMP; Mg; Phos ☐ Lipid Panel ☐ HbA1C ☐ 12 Lead ECG

☐ PT / PTT ☐ Other: _____

Imaging Studies:

☐ CXR Portable PA if not done in ER ☐ CT of Head without Contrast
☐ CT Head with Contrast ☐ MRI without Contrast ☐ MRI with Contrast
☐ Carotid Duplex Ultrasound ☐ Other: _____

Physician Signature: _____ Date: _____ Time: _____

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NIH STROKE EVALUATION

NIH Stroke Scale at Initial Evaluation		
1.a. Level of consciousness:	☐ 0 - Alert ☐ 1 - Not alert, but arousable with minimal stimulation	☐ 2 - Not alert, but requires repeat stimulation to attend ☐ 3 - Coma
1.b. Ask patient the month and their age:	☐ 0 - Answers both correctly ☐ 1 - Answers one correctly	☐ 2 - Both incorrect
1.c. Ask patient to open and close eyes; make fist and let go:	☐ 0 - Obeys both correctly ☐ 1 - Obeys one correctly ☐ 2 - Both incorrect	
2. Best gaze (horizontal eye movement):	☐ 0 - Normal ☐ 1 - Partial gaze palsy	☐ 2 - Forced deviation
3. Visual field testing:	☐ 0 - No visual field loss ☐ 1 - Partial hemianopia ☐ 2 - Complete hemianopia ☐ 3 - Bilateral hemianopia (blind including cortical blindness)	
4. Facial paresis (Ask patient to show teeth or raise eyebrows and close eyes tightly):	☐ 0 - Normal symmetrical movement ☐ 1 - Minor paralysis (flattened nasolabial fold, asymmetry on smiling) ☐ 2 - Partial paralysis (total or near paralysis of lower face) ☐ 3 - Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)	
5a. Motor function - right arm:	☐ 0 - Normal (extends arm 90 (or 45) degrees for 10 seconds without drift) ☐ 1 - Drift ☐ 2 - Some effort against gravity	☐ 3 - No effort against gravity ☐ 4 - No movement ☐ 9 - Untestable (Joint fused or limb amputated)
5b. Motor function - left arm:	☐ 0 - Normal (extends arm 90 (or 45) degrees for 10 seconds without drift) ☐ 1 - Drift ☐ 2 - Some effort against gravity	☐ 3 - No effort against gravity ☐ 4 - No movement ☐ 9 - Untestable (Joint fused or limb amputated)
6a. Motor function - right leg:	☐ 0 - Normal (extends arm 90 (or 45) degrees for 10 seconds without drift) ☐ 1 - Drift ☐ 2 - Some effort against gravity	☐ 3 - No effort against gravity ☐ 4 - No movement ☐ 9 - Untestable (Joint fused or limb amputated)
6b. Motor function - left leg:	☐ 0 - Normal (extends arm 90 (or 45) degrees for 10 seconds without drift) ☐ 1 - Drift ☐ 2 - Some effort against gravity	☐ 3 - No effort against gravity ☐ 4 - No movement ☐ 9 - Untestable (Joint fused or limb amputated)
7. Limb ataxia:	☐ 0 - No ataxia ☐ 1 - Present in one limb	☐ 2 - Present in two limbs ☐ 9 - Untestable (Joint fused or limb amputated)
8. Sensory (Use pinprick to test arms, legs, trunk and face - compare side to side):	☐ 0 - Normal ☐ 1 - Mild to moderate decrease in sensation ☐ 2 - Severe to total sensory loss	
9. Best language (describe picture, name items, read sentences):	☐ 0 - No aphasia ☐ 1 - Mild to moderate aphasia ☐ 2 - Severe aphasia ☐ 3 - Mute	
10. Dysarthria (read several words):	☐ 0 - Normal articulation ☐ 1 - Mild to moderate slurring of words ☐ 2 - Near unintelligible or unable to speak ☐ 9 - Intubated or other physical barrier	
11. Extinction and inattention:	☐ 0 - Normal ☐ 1 - Inattention or extinction to bilateral simultaneous in one of the sensory modalities ☐ 2 - Severe hemi-inattention or hemi-inattention to more than one modality	

The "Quick & Easy" NIHSS Authorized by: Judith Spiker, RN, BSN, Dept. of Emergency Medicine & Laura R. Sauerbeck, RN, BSN, Dept. of Neurology, University of Cincinnati.

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ISCHEMIC STROKE MD ORDERS

ANTI-PLATELET

- ☐ Aspirin 325 mg PR
- ☐ Aspirin 325 milligram enteric coated tablet orally daily - ensure no allergy - when able to take PO
- ☐ Clopidogrel (Plavix) 75 milligram tablet orally daily when able to take PO
- ☐ Other: _____

DVT PROPHYLAXIS

- ☐ Heparin 5000 units SQ every 12 hours ☐ Lovenox 40 mg SQ daily
- ☐ Renal dosing: Lovenox 30 mg SQ daily (for Creatinine clearance < 30 mL/min)
- ☐ Arixtra 2.5 mg SQ daily ☐ Warfarin _____ daily
- ☐ Sequential Compression Device ☐ TED Hose Stockings (Must be used in conjunction with SCD)
- ☐ Remove SCD/Stockings daily for 30 minutes
- ☐ Contraindication to both mechanical and pharmacological DVT prophylaxis

ANTICONVULSANTS PRN SEIZURES

- ☐ Diazepam (Valium) 5 milligram IV
- ☐ Diazepam 10 milligram solution intravenously one time dose for seizure activity and call MD

ANTI-ULCER

- ☐ Prevacid 30 milligrams IV every day or PO when able to take orally
- ☐ Other

ANCILLARY MEDICATIONS

- ☒ Acetaminophen 650 milligram tablet orally or rectally every four hours as needed for pain when able to take PO
- ☒ Docusate sodium 100 milligram capsule orally two times a day as needed for constipation when able to take PO

REMINDERS

Avoid sublingual or oral immediate release nifedipine

OTHER ORDERS

Cross out unused lines

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Physician Signature: _____ Date: _____ Time: _____

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