

Unique Plan Description: ED Stroke Acute Initial [pp]

Plan Selection Display: ED Stroke Acute Initial [pp]

PlanType: Medical

Version: 1

Begin Effective Date: 10/30/2018 23:20

End Effective Date: Current

Available at: **BBH**

**BBHH**

**BBMC**

**BBWMC**

**BCCH**

**BCGMC**

**BDMC**

**BDWMC**

**BEMC**

**BFCMC**

**BGPMC**

**BGMC**

**BIMC**

**BLMC**

**BMMC**

**BPMC**

**BTMC**

**BUMCP**

**BUMCS**

**BUMCT**

**EMCH**

**MMC**

**NCMC**

**OCH**

**PAGE**

**PCMH**

**SRM**

**TCH**

**WMC**

## ED Stroke Acute Initial [pp]

### ADT/Activity/CODE

For symptoms less than and equal to 6 hours (except for Tucson) from time last seen normal with meaningful, focal neurologic deficits, or in whom alteplase (tPA) or other interventions are being considered. If fluctuating symptoms or signs/symptoms of a posterior circulation stroke < 24 hours, consider immediate discussion with neurology. (NOTE)\*

☐ ED ADT [sub-p](SUB)\*

### Nursing Orders

☒ Precautions - alteplase (tPA) Bleeding Risk  
*T;N, No Heparin, Lovenox, or antiplatelet drugs (Aspirin, clopidigrel) for 24hrs, No nasogastric tubes, duodenal feeding tubes, IM injection, arterial or venous punctures should be avoided for 24 hours but if required, insert with direct visualization ...*

*Comments: Delay Indwelling urinary placement for as long as possible in the first 24hrs but never place urinary catheter until at least 30 minutes after alteplase (tPA) infusion is complete.*

☒ Assess Advanced Neurological  
*T;N, Special Instructions Q15 MIN X 3*

☒ POCT by Nursing (1xOnly)  
*T;N, Creatinine, ER Stat*

Please attempt to describe the patient's neurological deficits in the imaging order comments: (NOTE)\*

☒ Cardiac Monitoring

T;N

- ☒ POCT by Nursing Glucose (1xOnly)  
T;N, ER Stat
- ☒ Insert Peripheral IV  
T;N, Instructions: Catheter Size - 18 gauge. In AC if possible, but do not delay time to CT scan.
- ☒ Swallow Screen for Nursing  
T;N, SEE ORDER COMMENTS  
Comments: Refer to Evaluation instructions on Swallow Screen for Nursing form before beginning oral intake. Oral intake Instructions Make sure patient is awake, alert, sitting in a chair or with head of bed fully elevated. Oral care needs to be completed prior to each trial feeding. Patients that have been NPO since onset of symptoms.
- ☐ Conditional Order  
T;N, If patient passes Nursing Swallow Screen, advance diet to Cardiac diet.
- ☐ Conditional Order  
T;N, If patient passes Nursing Swallow Screen, advance diet to Carb Control 60 gm per meal diet.
- ☐ POCT by Nursing (1xOnly)  
T;N, Troponin, ER Stat, If your facility is not certified for point-of-care (POC) testing, or cannot perform this as a POC test, please send a specimen to lab and place the appropriate lab order in Cerner
- ☐ POCT by Nursing (1xOnly)  
T;N, Pregnancy, ER Stat, If your facility is not certified for POC urine pregnancy testing, please send a specimen to lab and place the Quick Qualitative Urine Pregnancy (HCGKITU) order.
- ☐ Notify Radiologist  
T;N, Acute Stroke symptoms.
- ☒ Acute Rehab Program Evaluation  
T;N, Evaluate for Intensive Inpatient Rehab Program

#### Nutrition Services

- ☒ Diet Order Adult  
T;N, Diet: NPO (including Medications)

#### Medications

- ☐ Trandate  
10 mg, IV Push, Soln-Inj, Q15min, PRN Blood Pressure, Order Duration: 15 doses, To keep SBP<180, DBP<105 (max dose 300 mg). Hold for HR < 65.
- ☐ hydrALAZINE  
10 mg, IV Push, Q15min, PRN Blood Pressure, To keep SBP < 180, DBP<105
- ☐ niCARDipine (Cardene) infusion 40 mg/200 mL RTU (IVS)\*  
premix sodium chloride 0.9%  
IV Cont Infusion, Titrate, First Dose Priority: STAT  
Comments: Start infusion at 5 mg/hr and titrate by 2.5 mg/hr every 15 minutes  
Maintain SBP less than 180Maintain DBP less than 105Min rate = 0 mg/hrMax rate = 15 mg/hrUse if labetalol not effective  
niCARDipine additive  
40 mg, EB

#### Continuous Infusion

- ☐ Sodium Chloride 0.9%  
IV Cont Infusion, Order Rate: 100 mL/hr, First Dose Priority: STAT, IV Fluid Reason: Hydration

#### Laboratory

- ☒ CBC (WITH Differential)  
ER Stat, ES, T;N
- ☒ Comprehensive Metabolic Panel (Includes GFR)  
ER Stat, ES, T;N
- ☐ Basic Metabolic Panel (Includes GFR)  
ER Stat, ES, T;N
- ☐ C Reactive Protein

- ☐ *ER Stat, ES, T;N*
- ☐ CRP/HS [WMC only]  
*ER Stat, ES, T;N*
- ☐ Hepatic Function Panel  
*ER Stat, ES, T;N*
- ☐ Ethanol Level  
*ER Stat, ES, T;N*
- ☒ PT (Protime)/INR  
*ER Stat, ES, T;N*
- ☒ PTT (APTT)  
*ER Stat, ES, T;N*
- ☒ Protime, Point of Care [West ED]  
*ER Stat, ES, T;N*
- ☒ APTT, Point of Care [West ED]  
*ER Stat, ES, T;N*
- ☐ Troponin I, Conventional  
*ER Stat, ES, T;N*
- ☐ Troponin T, Conventional  
*ER Stat, ES, T;N*
- ☐ Troponin T, High Sensitivity  
*ER Stat, ES, T;N*
- ☐ Quick Qualitative Urine Pregnancy  
*Urine, ER Stat, ES, T;N*
- ☐ UR HCG Qual  
*Urine, ER Stat, ES, T;N*
- ☐ HCG Qual, Urine -  
*Urine, ER Stat, ES, T;N*
- ☐ HCG Qualitative, Serum  
*ER Stat, ES, T;N*
- ☐ Overdose Panel, Urine (TAT 8-12 hours)  
*Urine, ER Stat, ES, T;N*
- ☐ Drug Screen, Urine 12  
*Urine, ER Stat, ES, T;N*
- ☐ Drug Screen, Urine 12 -  
*Urine, ER Stat, ES, T;N*
- ☐ Drugs of Abuse Screen Urine  
*Urine, ER Stat, ES, T;N*
- ☐ Drugs of Abuse Screen, UR  
*Urine, ER Stat, ES, T;N*
- ☐ Drug Screen - Abuse, Urine  
*Urine, ER Stat, ES, T;N*

#### Medical Imaging

- ☒ CT Head/Brain W/O for Stroke Alert  
*T;N, ER Stat, Stretcher, Focal Neurological deficit/Stroke alert*
- ☐ Chest Single View Adult Portable  
*T;N, ER Stat, Portable, Focal Neurological deficit/Stroke alert*  
Please attempt to describe the patient's neurological deficits in the imaging order comments:(NOTE)\*
- ☐ CT Ang Head/Neck W+orW/O+Post Stk Alt  
*T;N, ER Stat, Stretcher, Focal neurological deficit/stroke alert-CTA only*
- ☐ CT Ang Head/Neck W+orW/O+Rcn+Prf Stk Alt  
*T;N, ER Stat, Stretcher, Focal neurological deficit/stroke alert- includes CTA and perfusion*
- ☐ CT Perfusion Analysis

*T;N, ER Stat, Stretcher, Focal neurological deficit/stroke alert - perfusion only*

- ☐ CT Ang Head W+/or WO + Recon Stk Alt  
*T;N, ER Stat, Stretcher, Focal nuerological deficit/Stroke Alert- CTA only [West ED]*
- ☐ MR/MR Angio Acute Stroke  
*T;N, ER Stat, Stretcher, Focal Neurological deficit/Stroke alert*

**Multi Departments**

- ☒ EKG  
*T;N, ER Stat, Focal Neuro deficit*

**Therapies**

- ☒ RSP Oxygen  
*2 L/min, Nasal Cannula, Titrate to keep O2 Sat > 94%, T;N*  
A Swallow Screen must be performed before ANY oral intake, whether food or medication. Patients who are potential alteplase (tPA) candidates should be kept strictly NPO, however.(NOTE)\*

**Consults**

- ☐ Consult Physician  
*T;N, Reason for Consult Acute Stroke symptoms, Neurology*

**Common Orders**

- ☒ Educ Stroke

**Other**

***Feedback and effective date***

Send suggestions to ED Clinical Consensus Group(NOTE)\*

- ☒ Effective Date  
*10/31/18, ED Stroke Acute Initial [pp]*

**\*Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase