



<b>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</b>		<b>INTRAVENOUS FLUID and MEDICATION ORDERS</b>
<p><b><u>LINES, DRAINS, AIRWAYS</u></b></p> <p><input type="checkbox"/> Insert and maintain foley catheter</p> <p><input type="checkbox"/> Insert and maintain nasogastric tube</p> <p><input type="checkbox"/> Insert and maintain orogastric tube</p> <p><input type="checkbox"/> Maintain peripheral IV line/access</p> <p><b><u>COMMUNICATION ORDERS</u></b></p> <p><b>Notify Provider Vital Signs</b></p> <p><input type="checkbox"/> Temperature greater than 100.4 F</p> <p><input type="checkbox"/> SBP <input type="checkbox"/> &gt;160    <input type="checkbox"/> SBP &lt;90    <input type="checkbox"/> DBP &gt;110</p> <p><input type="checkbox"/> RR&gt;24            <input type="checkbox"/> RR&lt;8</p> <p><input type="checkbox"/> O2 saturation &lt;90%</p> <p><input type="checkbox"/> HR &gt;120            <input type="checkbox"/> HR&lt;50</p> <p><input type="checkbox"/> UOP &lt; 200mL per shift</p> <p><input type="checkbox"/> OTHER: _____</p> <p><b><u>CONSULTATIONS (check all that apply):</u></b></p> <p><input type="checkbox"/> Consult _____</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult _____</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult _____</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult Social Work</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult Phys. Therapy</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult Occup. Therapy</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult Speech Therapy</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult Dietary</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> Consult Pharmacy</p> <p><b>Indication:</b> _____</p> <p><input type="checkbox"/> OTHER: _____</p> <p><b><u>LABORATORY</u></b></p> <p><b>ADMISSION LABS – STAT if not done in E.D.</b></p> <p><input type="checkbox"/> Complete Blood Count (CBC) with diff</p> <p><input type="checkbox"/> Basic Metabolic Panel (Chem7)</p> <p><input type="checkbox"/> Complete Metabolic Panel (Chem20)</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Magnesium</p>	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	<p><b>ALLERGY:</b></p> <p>_____</p> <p><b><u>ISCHEMIC STROKE MEDICATION PANEL</u></b>  <b>(no antiplatelet administration for 24 hours after tPA administration)</b></p> <p><input type="checkbox"/> Thrombolytic (see thrombolytic checklist)</p> <p><input type="checkbox"/> Aspirin 325mg PO x1 STAT if not given in ER</p> <p><input type="checkbox"/> Aspirin <input type="checkbox"/> 81mg PO daily    <input type="checkbox"/> 300mg PR daily</p> <p><input type="checkbox"/> Clopidogrel (<i>Plavix</i>) 75mg PO daily</p> <p>Other: _____</p> <p><b><u>BLOOD GLUCOSE MANAGEMENT</u></b>  <b>(see GMHA Hyperglycemia Protocol)</b></p> <p><input type="checkbox"/> Accuchecks q _____ H</p> <p><input type="checkbox"/> Accuchecks AC + HS</p> <p><input type="checkbox"/> Low Dose Insulin Sliding Scale</p> <p><input type="checkbox"/> Medium Dose Insulin Sliding Scale</p> <p><input type="checkbox"/> High Dose Insulin Sliding Scale</p> <p><input type="checkbox"/> Insulin Sliding Scale per MD (separate orders)</p> <p><input type="checkbox"/> Manage hypoglycemia per Hypoglycemia Protocol</p> <p><input type="checkbox"/> Other: _____</p> <p><b><u>STRESS ULCER PROPHYLAXIS</u></b></p> <p><input type="checkbox"/> Pantoprazole (<i>Protonix</i>) 40mg PO q24H</p> <p><input type="checkbox"/> Pantoprazole (<i>Protonix</i>) 40mg IV push q24H</p> <p><input type="checkbox"/> Ranitidine (<i>Zantac</i>) 150mg PO/OGT/NGT BID</p> <p><input type="checkbox"/> Omeprazole (<i>Prilosec</i>) 20mg PO/OGT/NGT q24H</p> <p><input type="checkbox"/> OTHER: _____</p> <p><b><u>VTE PROPHYLAXIS</u></b></p> <p><input type="checkbox"/> Enoxaparin 40mg SQ    <input type="checkbox"/> daily    <input type="checkbox"/> q12H</p> <p><input type="checkbox"/> Heparin 5000units SQ    <input type="checkbox"/> q8H    <input type="checkbox"/> q12H</p> <p><input type="checkbox"/> Bilateral lower extremities SCDs</p> <p><input type="checkbox"/> TED hose to bilateral lower extremities</p> <p><input type="checkbox"/> Other: _____</p>
<p>✓ Summary/Blanket orders are unacceptable.</p> <p>✓ Medication orders must be complete.</p> <p>✓ PRN medication orders must include an indication.</p> <p>✓ Write legibly.</p> <p>✓ Rewrite orders upon transfer and/or post-operatively.</p> <p>✓ Date, time, and sign verbal &amp; telephone orders within 48 hours.</p>	<p><b>DO NOT USE:</b></p> <p>U                    MS</p> <p>IU                   MSO<sub>4</sub></p> <p>Q.D.                MgSO<sub>4</sub></p> <p>Q.O.D.             Trailing zero</p> <p>Lack of leading zero</p>	<p>Physician's Initial</p>

PATIENT ID LABEL

**Stroke Order Set**

<p><b>PHYSICIAN'S ORDER</b> <b>(EXCLUDING IV Fluids and MEDICATIONS)</b></p> <p><b>(Cont. Laboratory)</b></p> <p><input type="checkbox"/> Phosphorus</p> <p><input type="checkbox"/> Liver function tests</p> <p><input type="checkbox"/> BNP</p> <p><input type="checkbox"/> Lipid panel</p> <p><input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR)</p> <p><input type="checkbox"/> Toxicology Screen</p> <p><input type="checkbox"/> Hemoglobin A1c</p> <p><input type="checkbox"/> TSH <input type="checkbox"/> T4</p> <p><input type="checkbox"/> Coags: PTT / PT / INR</p> <p><input type="checkbox"/> ABO Rh Type</p> <p><input type="checkbox"/> Urinalysis Screen with Reflex to Culture</p> <p><input type="checkbox"/> Troponins q6H x3 with EKG</p> <p>Other: _____</p> <p><b>IMAGING</b></p> <p><input type="checkbox"/> STAT CXR</p> <p><input type="checkbox"/> STAT 12 lead EKG</p> <p><input type="checkbox"/> STAT CT head <input type="checkbox"/> without contrast <input type="checkbox"/> with contrast</p> <p><input type="checkbox"/> Other: _____</p> <p><b>AM LABS</b>                      <b>Date:</b> _____</p> <p><b>(labs will require daily renewal)</b></p> <p><input type="checkbox"/> CBC With Auto Differential</p> <p><input type="checkbox"/> Basic Metabolic Panel (Chem7)</p> <p><input type="checkbox"/> Complete Metabolic Panel (Chem20)</p> <p><input type="checkbox"/> Coags: PT / APTT / INR</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> Phosphorus</p> <p><input type="checkbox"/> Liver function tests</p> <p><input type="checkbox"/> Troponins</p> <p><input type="checkbox"/> Other: _____</p> <p><b>DIAGNOSTIC STUDIES</b> <b>Date:</b> _____</p> <p><input type="checkbox"/> Repeat CT head <input type="checkbox"/> without contrast <input type="checkbox"/> with contrast</p> <p><input type="checkbox"/> CTA head, date: _____</p> <p><input type="checkbox"/> MRI <input type="checkbox"/> without contrast <input type="checkbox"/> with contrast</p> <p>Date: _____</p> <p><input type="checkbox"/> Carotid Duplex, Bilateral</p> <p><input type="checkbox"/> Transthoracic Echocardiogram (TTE)</p> <p><input type="checkbox"/> Transesophageal Echocardiogram (TEE)</p>	<p><b>INTRAVENOUS FLUID and MEDICATION ORDERS</b></p> <p><b>ALLERGY:</b></p> <hr/> <p><b>VTE Prophylaxis: If not ordered, document reason:</b></p> <p><input type="checkbox"/> VTE prophylaxis contraindicated due to the following:</p> <p>_____</p> <p><b>Physician:</b> _____</p> <p><b>Date:</b> _____      <b>Time:</b> _____</p> <div style="background-color: #cccccc; border: 1px solid black; height: 400px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); background-size: 20px 20px;"></div> </div>
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IVF and MEDICATION ORDERS ONLY

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

**DO NOT USE:**

U	MS
IU	M <sub>2</sub> SO <sub>4</sub>
Q.D.	MgSO <sub>4</sub>
Q.O.D.	Trailing zero
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