TIEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have b	been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid.		
PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	INTRAVENOUS FLUID and MEDICATION ORDERS		
GENERAL	ALLERGY:		
ADMITTING PHYSICIAN Date: Time:	INTRAVENOUS FLUIDS 0.9% NaCl at mL/hour 0.45% NaCl at mL/hour OTHER: Fluid type: at ml/hr Saline Lock MEDICATION ORDERS Anti-Hypertensives for acute blood pressure control Labetalol 10mg IV push q H PRN SBP > and/or HR > Metoprolol 5mg IV push q H PRN SBP > and/or HR > Hydralazine 10mg IV push q H		
DIAGNOSIS: Ischemic Hemorrhagic ADMIT TO: ICU STEP DOWN TELEMETRY TELEMETRY CONDITION: Stable Guarded Code/Resuscitation Status Other			
SEE INTERNAL MEDICINE ADMISSION ORDER SET FOR ADDITIONAL ORDERS NURSING ORDERS \square Aspiration \square Aspiration \square Fall \square Seizure \square Bleeding \square Call neurologist if any changes in neurologic status \square Vital Signs q4Hrs \square Neurochecks q H \square Head of Bed 30 degrees \square Strict I/Os \square Daily weights \square Cardiac monitoring \square Titrate O_2 therapy to keep O_2 sat $\ge%$ (see mechanical ventilator order set if intubated) \square Insert foley per unit protocol, then reassess daily \square SCDs for DVT Prophylaxis \square TED HOSE STOCKINGS Prophylaxis \square Range of motion all limbs \square q8H \square TID \square Other:	And-Hypertensives for actice block pressure control Labetalol 10mg IV push qH PRN SBP > and/or HR > Hetoprolol 5mg IV push qH PRN SBP > and/or HR > Hygralazine 10mg IV push qH PRN SBP > and/or HR > Hygralazine 10mg IV push qH PRN SBP > and HR <		
✓ Medication orders must be complete. U ✓ PRN medication orders must include an indication. IU ✓ Write legibly. Q.D ✓ Rewrite orders upon transfer and/or post-operatively. Q.O			

Page 1 of 4 Revised 4/16 Approved SCC: 3/17/16 MEC: 3/21/16 P&T: 3/17/16 MED: 3/17/16 HIMC:4/15/16 Form# CPOE-029

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS				
 LINES, DRAINS, AIRWAYS Insert and maintain foley catheter Insert and maintain nasogastric tube Insert and maintain orogastric tube Maintain peripheral IV line/access 	IVF and MEDICATION ORDERS ONLY	ALLERGY: <u>ISCHEMIC STROKE MEDICATION PANEL</u> (no antiplatelet administration for 24 hours after tPA administration)				
COMMUNICATION ORDERS Notify Provider Vital Signs Temperature greater than 100.4 F SBP >160 SBP <90		 Thrombolytic (see thrombolytic checklist) Aspirin 325mg PO x1 STAT if not given in ER Aspirin 81mg PO daily 300mg PR daily Clopidogrel (<i>Plavix</i>) 75mg PO daily Other:				
 UOP < 200mL per shift OTHER: CONSULTATIONS (check all that apply): 	IVF and MEDICATION ORDERS ONLY					
Consult	d MEDICA	 Accuchecks AC + HS Low Dose Insulin Sliding Scale 				
Consult Indication: Consult		 Medium Dose Insulin Sliding Scale High Dose Insulin Sliding Scale 				
Indication: Consult Social Work Indication:	RDERS ONL	 Insulin Sliding Scale per MD (separate orders) Manage hypoglycemia per Hypoglycemia Protocol Other:				
Consult Phys. Therapy Indication: Consult Occup. Therapy Indication: Consult Speech Therapy Indication: Consult Dietary	X IVF and MEDICATION ORDERS ONLY	 STRESS ULCER PROPHYLAXIS Pantoprazole (<i>Protonix</i>) 40mg PO q24H Pantoprazole (<i>Protonix</i>) 40mg IV push q24H Ranitidine (<i>Zantac</i>) 150mg PO/OGT/NGT BID Omeprazole (<i>Prilosec</i>) 20mg PO/OGT/NGT q24H 				
Indication:	IVF and MEDICATION ORDERS ONLY	 OTHER:				
ADMISSION LABS – STAT if not done in E.D. Complete Blood Count (CBC) with diff Basic Metabolic Panel (Chem7) Complete Metabolic Panel (Chem20) Calcium	IVF and MEDIC	 Enoxaparin 40mg SQ a daily a q12H Heparin 5000units SQ q8H q12H Bilateral lower extremities SCDs TED hose to bilateral lower extremities Other: 				
Magnesium						
✓ Medication orders must be complete. U ✓ PRN medication orders must include an indication. IU ✓ Write legibly. Q. ✓ Rewrite orders upon transfer and/or post-operatively. Q.	D. O.D.	F USE: Physician's MS Initial MSO4 MgSO4 Trailing zero PATIENT ID LABEL				
Stroke Order Set						
Guam Memorial Hospital Authority Page 2 of 4						

Revised 4/16 Approved SCC: 3/17/16 MEC: 3/21/16 P&T: 3/17/16 MED: 3/17/16 HIMC: 4/15/16 Form# CPOE-029

ITI	EMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that	t have bee	en cha	anged (additions, deletions, or	strike outs) must be initialed by the ordering MD for the order to be valid.				
	PHYSICIAN'S ORDER			INTRAVEN	OUS FLUID and MEDICATION ORDERS				
(E	EXCLUDING IV Fluids and MEDICATIONS	5)							
	(Cont. Laboratory)			ALLERGY:					
	Phosphorus								
	Liver function tests		~						
	BNP		JE 1						
Ξ			RS 0	VTF Prophylox	is: If not ordered, document reason:				
	Lipid panel		and MEDICATION ORDERS ONLY	v IE I Tophylas	is. If not of defed, document reason.				
	Erythrocyte Sedimentation Rate (ESR)		ΟN	• VTE prophylaxis contraindicated due to the following:					
	Toxicology Screen		TIO	• TE prophylaxis contraindicated due to the following:					
	Hemoglobin A1c		DICA						
_	TSH D T4		MEI						
			and						
	Coags: PTT / PT / INR		IVF	Physician.					
	ABO Rh Type								
	Urinalysis Screen with Reflex to Culture		TΛ	Date:	Time:				
ō	Troponins q6H x3 with EKG	ŝ	NOS	Date:	Inic				
U	· ·		DER						
	Other:		ORI						
			IVF and MEDICATION ORDERS ONLY						
	AGING		CAT						
	STAT CXR		EDI						
	STAT 12 lead EKG		M bu						
	STAT CT head \Box without contrast \Box with contrast	st	VF a						
	Other:	,	5						
		;	Y,						
AN	<u>I LABS</u> Date:		and MEDICATION ORDERS ONLY						
	bs will require daily renewal)	6	ERS						
	CBC With Auto Differential		IKDI						
ō	Basic Metabolic Panel (Chem7)		NO						
ŏ	Complete Metabolic Panel (Chem20)		ATI						
ŏ	Coags: PT / APTT / INR		DIC	\langle					
ŏ	Calcium		H ME						
_			Fane						
	Magnesium		IVF						
	Phosphorus		N .						
	Liver function tests		NLY						
Ö	Troponins	0	RS 0						
U	Other:		RDE	\sim					
			ΟN	$\langle \rangle$					
_	DIAGNOSTIC STUDIES Date: Repeat CT head O without contrast O with contra		IVF and MEDICATION ORDERS ON						
	Repeat CT head \Box without contrast \Box with contra	st	DICA						
	CTA head, date:		MEI						
	MRI 🖸 without contrast 🗖 with contrast		and						
	Date:		IVF						
	Carotid Duplex, Bilateral								
	Transthoracic Echocardiogram (TTE)								
	Transesophageal Echocardiogram (TEE)								
				$\langle \rangle$					
✓	Summary/Blanket orders are unacceptable.	DO N	TO	USE:					
1	Medication orders must be complete.	U		MS					
√ √	PRN medication orders must include an indication. Write legibly.	IU Q.D.		MSO_4 MgSO ₄					
✓	Rewrite orders upon transfer and/or post-operatively.	Q.D. Q.O.E	D.	Trailing zero					
✓	Date, time, and sign verbal & telephone orders within 48 hours.			eading zero	PATIENT ID LABEL				

Stroke Order Set

Guam Memorial Hospital Authority Page 3 of 4 Revised 4/16 Approved SCC: 3/17/16 MEC: 3/21/16 P&T: 3/17/16 MED: 3/17/16 HIMC: 4/15/16 Form# CPOE-029

ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid.								
PHYSICIAN'S ORDER		INTRAVENOUS FLUID and MEDICATION ORDERS						
(EXCLUDING IV Fluids and MEDICATIONS))	INTRAVENOUS FLUID and MEDICATION ORDERS						
(Cont. Diagnostic Studies)		ALLERGY:						
CXR D PA/Lat D Portable								
date:	NLY							
	RS O							
Other:	RDEI							
	IO N							
	ATIC	$\langle \rangle$						
	DIC		>					
	H ME							
	IVF and MEDICATION ORDERS ONLY							
	N							
	X	\bigcirc						
	INO		>					
	ERS							
	ORD							
	ON O							
	CATI							
	EDIC							
	M pu							
	IVF and MEDICATION ORDERS ONLY							
	I							
	LY							
	NO S		>					
	DERS							
	ORI							
	IVF and MEDICATION ORDERS ONLY							
	MED							
	and 1		>					
	IVF							
	ONLY							
	IO 83							
	NDEH		>					
	N OF							
	OIL							
	DICA							
	ME							
	IVF and MEDICATION ORDERS							
	N							
 ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. 	DO NO' U	T USE: MS	Physician's Initial					
 Medication orders must be complete. PRN medication orders must include an indication. 	U IU	MSO ₄						
✓ Write legibly.	Q.D.	$MgSO_4$						
 Rewrite orders upon transfer and/or post-operatively. Date, time, and sign verbal & telephone orders within 48 hours. 	Q.O.D. Lack of	Trailing zero		PATIENT ID LABEL				
Stroke Order Set								
Guam Memorial Hospital Authority								
Page 4 of 4								
Revised 4/16 Approved SCC: 3/17/16 MEC: 3/21/16								

P&T: 3/17/16 MED: 3/17/16 HIMC:4/15/16 Form# CPOE-029