



# COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

## Mangum Regional Medical Center

### Stroke Alert Standing Orders

Date: \_\_\_\_\_

Time: \_\_\_\_\_

ASSESSMENTS:			
<input checked="" type="checkbox"/>	Record time of last know normal (time patient last seen without stroke symptoms) Date/time: _____		
<input checked="" type="checkbox"/>	Initiate Stroke Alert		
<input checked="" type="checkbox"/>	Notify provider	Time: _____	
<input checked="" type="checkbox"/>	Notify EMS/Air Evac	Time: _____	
<input checked="" type="checkbox"/>	Complete vital signs with neuro/stroke assessment on arrival, as needed and at discharge/transfer		
<input checked="" type="checkbox"/>	Complete NIH Stroke Scale on admission, with any neurological changes and prior to discharge/transfer		
<input checked="" type="checkbox"/>	STAT Finger Stick Blood Sugar (FSBS)		
<input checked="" type="checkbox"/>	Vital signs with neuro checks every 15 minutes		
<input checked="" type="checkbox"/>	NPO until dysphagia screen completed and documented in medical record		
<input checked="" type="checkbox"/>	Transfer to Primary or Comprehensive Stroke as soon as possible		
<input type="checkbox"/>	Start peripheral large bore IV (if indicated)		
DIAGNOSTICS:			
<input checked="" type="checkbox"/>	STAT non-infused head CT scan	<input checked="" type="checkbox"/>	STAT CMP
<input checked="" type="checkbox"/>	STAT CBC	<input type="checkbox"/>	STAT 12 Lead EKG
<input checked="" type="checkbox"/>	STAT PT/INR	<input type="checkbox"/>	STAT Chest X-ray
<input checked="" type="checkbox"/>	STAT PTT		
MEDICATIONS:			
<input type="checkbox"/>	Acetaminophen (Tylenol) 650mg PO/Rectal (SUPP) every 4 hours PRN temperature 100.4 F		
<input type="checkbox"/>	1000 mL 0.9% Normal Saline @ _____ mL/hr		
BLOOD PRESSURE MANAGEMENT:			
<i>Ischemic stroke do not treat unless <math>\geq 220/120\text{mmHg}</math> or have a comorbid condition requiring urgent antihypertensive treatment.</i>			
<i>Hemorrhagic stroke: SBP &gt; 220mmHg consider aggressive reduction of BP with continuous IV infusion. SBP between 150 to 220mmHg without contraindications to acute BP treatment, lowering to 140mmHg is probably safe (ASA Guidelines).</i>			
<input type="checkbox"/>	Labetalol <b>10</b> mg IV over 1 to 2 minutes. <b>Do not use in asthmatics.</b>		
<input type="checkbox"/>	Labetalol <b>20</b> mg IV over 1 to 2 minutes. <b>Do not use in asthmatics.</b>		
<input type="checkbox"/>	Nicardipine IV infusion 5mg/hr, titrate up by 2.5mg/hr every 5- 15 minute intervals. Maximum dose of 15mg/hr.		
<input type="checkbox"/>	Hydralazine initially <b>10</b> mg IV push. Repeat as needed, every 4 hours if SBP $\geq 220$ or DBP $\geq 110$ .		
<input type="checkbox"/>	Hydralazine initially <b>20</b> mg IV push. Repeat as needed, every 4 hours if SBP $\geq 220$ or DBP $\geq 110$ .		
<input type="checkbox"/>	Enalaprilat _____mg IV every 6 hours (Dose range 1.25 to 5mg). May be administered undiluted or in 0.9% sodium chloride injection or up to 50 mL of another compatible IV solution. Administer slowly over 5 minutes.		
TREATMENTS:			
<input checked="" type="checkbox"/>	O2 per NC @ 2-4 L/min to maintain saturation >94%, notify physician/mid-level provider if unable to maintain oxygen saturation		
ADDITIONAL ORDERS			



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Telephone Order Read Back     Verbal Order Read Back     N/A

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician/LIP: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_