## ROBINSON MEMORIAL HOSPITAL – RAVENNA, OHIO PHYSICIAN'S DIRECTIONS

PRISICIAN S DIRECTIONS			
	(IMPR	INT PATIENT'S PLATE HERE)	
		INITIAL HEIGHT	
		INITIAL HEIGHT Ib	
DRUG ALLERGIE	S:	PREGNANT   Yes   No LACTATING   Yes   No	
DATE TIME		ORDER & SIGNATURE	
		STROKE ORDER SET Page 1 of 2	
		1. NIHSS: Onset time:	
		Stroke Classification:   Class A Class B Class C	
		Class A - Potential candidate for thrombolytics. Focal neurological effects less than	
		6 hours from onset with a NIHSS greater than 4 or with aphasia, neglect or	
	······································	visual field cut	
		Class B - Acute focal neurologic deficits that do not meet Class A patient Criteria	
		Class C - (Prior to stroke) Had severe cognitive or functional impairment, or terminal	
		condition	
	· · · · · · · · · · · · · · · · · · ·	■ VS and neuro checks every 15 minutes until stable then every 2 hours	
		■ If Class A stroke, treat immediately if BP greater than 210/115 mmHg	
		■ If Class A stroke and BP greater than 185/110 mmHg, recheck BP in 5 minutes.	
		If still greater than 185/110 mmHg, initiate treatment	
		If Class B or C, treat to target BP	
		(less than 210/115 mmHg for Ischemic stroke or less than 180/105 mmHg for Hemorrhagic stroke)	
		2. Labs and Diagnostics:	
		■ STAT glucometer reading	
:		■ STAT CT of head without contrast - (notify CT tech at X4218)	
		■ Results of CT to be called STAT to ordering physician within 15-30 minutes of scan	
		☐ STAT CTA of head and neck	
	The second secon	☐ Results of CTA to be called STAT to ordering physician	
		■ If Class B or C, admit to: ICU/CCU SDU Med-Surg	
		■ STAT Blood Glucose, CBC, Basic Metabolic Panel, PT/INR, PTT	
		■ Serum HCG for female less than 50 years old with intact uterus	
		■ Type and screen (if on warfarin prior to admission)	
		■ Troponin	
		■ EKG	
	• • • • • • • • • • • • • • • • • • • •	3. Interventions	
		■ Large bore IV of 0.9% NS at KVO (20 gauge or larger)	
		■ If Class A stroke, large bore Saline Lock in opposite arm (20 gauge or larger)	
		■ NPO including PO meds	
		■ Bedside swallow evaluation per nursing protocol	
		<ul> <li>Advance diet/texture/consistency per Speech Therapy recommendation</li> </ul>	
		■ Heart Healthy Diet when cleared by Speech Therapy OR specify:	
		■ Initiate O₂ protocol to maintain O₂ saturation greater than 92% or	
		- continue on page 2 -	
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UNLESS CHECKED, ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED.

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(IMPRI	NT PATIENT'S PLATE HERE)
	INITIAL HEIGHT
	INITIAL WEIGHT Ib
RUG ALLERGIES:	PREGNANT ☐ Yes ☐ No LACTATING ☐ Yes ☐ N
DATE TIME	ORDER & SIGNATURE
	STROKE ORDER SET Page 2 of 2
	☐ Telemetry
	☐ If CT positive for bleed and INR greater than or equal to 1.5:
***************************************	☐ Thaw and transfuse 2 units of AB fresh frozen plasma
	☐ Thaw and transfuse 2 units of patient type fresh frozen plasma
	☐ Vitamin K 10 mg IVPB x 1 dose
	☐ Antiplatelet Treatment: ASA suppository 325 mg x 1 dose
	Antihypertensive Treatment
	☐ If Class A Stroke: maintain SBP less than 185 mmHg; DBP less than 110
	Hemorrhagic Goal Therapy is SBP less than 180; DBP less than 105
	☐ Ischemic Goal Therapy is SBP less than 210; DBP less than 110
	Hemorrhagic or Ischemic treatment:
	mg IVP
	☐ Hydralazine 10 mg IV every 1 hour until BP controlled to therapy goal
**************************************	Sodium Nitroprusside 50 mg in 250 ml D5W IV. Initiate at 6 ml/hour.
	Titrate until BP controlled to therapy goal
	☐ Nicardipine 25 mg/250 ml D5W IV. Initiate at 5 mg/hour. Titrate by 2.5 m
	hour every 5 minutes (maximum, dose 15 mg/hour to therapy goal)
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