

ROBINSON MEMORIAL HOSPITAL – RAVENNA, OHIO

PHYSICIAN'S DIRECTIONS

(IMPRINT PATIENT'S PLATE HERE)

INITIAL HEIGHT _____

INITIAL WEIGHT _____ lb

PREGNANT ☐ Yes ☐ No LACTATING ☐ Yes ☐ No

DRUG ALLERGIES:

DATE	TIME	ORDER & SIGNATURE
		IV THROMBOLYTIC STROKE ORDER SET
		Page 1 of 3
		1. Transfer to _____ Diagnosis: _____
		■ Date of stroke onset _____ Onset Time _____
		■ Confirm that patient meets eligibility requirements for thrombolytic therapy (criteria below)
		■ Confirm that CT scan and lab work per stroke order set has been obtained and results placed on chart
		■ Call tPA order to Pharmacy at Ext. 2714 and fax orders to pharmacy stat
		■ Vital Signs (BP, HR, RR) immediately prior to IV tPA bolus (Manual BP only)
Criteria to Determine Eligibility for IV Thrombolytic Therapy In Non-Hemorrhagic Stroke		
YES	NO	MUST ANSWER YES TO ALL CRITERIA
		A. NIHSS score greater than or equal to 4 OR has one of the following: aphasia, visual field cut, or neglect
		B. Focal neurological deficit in carotid or vertebral distribution with onset of symptoms less than 3 hours
		C. Age 18 – 80 years (Consideration for compassionate use over age of 80)
		D. Informed consent – verbal for IV or written for IA thrombolytics
YES	NO	MUST ANSWER NO TO ALL CRITERIA
		A. Intracranial, subarachnoid hemorrhage (including history of intracranial hemorrhage)
		B. Rapidly improving or minor neurological symptoms
		C. History of stroke or head trauma less than 3 months
		D. Major surgery less than 14 days
		E. GI, urinary tract hemorrhage, within last 21 days
		F. Arterial puncture at a non-compressible site less than 7 days
		G. Currently on anticoagulation or received heparin less than 48 hours
		H. Systolic BP greater than 185, diastolic BP greater than 110 or BP requiring aggressive treatment to achieve specified limits
		I. Platelet count less than 100,000 mm3
		J. Presence of diabetic hemorrhage retinopathy or other hemorrhagic ophthalmic condition
		K. Pregnant or lactating. If a female of child bearing potential, must have negative pregnancy test confirmed.
YES	NO	RELATIVE CONTRAINDICATIONS
		A. Seizures at stroke onset
		B. Glucose less than 50 or greater than 400 mg/dl

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UNLESS CHECKED, ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED.

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DATE	TIME	ORDER & SIGNATURE
		IV THROMBOLYTIC STROKE ORDER SET
		Page 2 of 3
		2. <input checked="" type="checkbox"/> Medical Records to unit
		3. Diet:
		<input checked="" type="checkbox"/> NPO (including PO meds)
		4. Labs and Diagnostics; Per Stroke Order Set
		5. Respiratory Orders:
		<input type="checkbox"/> Aerosol treatment every _____ hours:
		<input type="checkbox"/> Albuterol (Proventil) <input type="checkbox"/> Ipratropium (Atrovent)
		6. Nursing Orders
		<input checked="" type="checkbox"/> Validate Physician has completed NIHSS on Admission and Transfer and prior to tPA administration
		<input checked="" type="checkbox"/> Vital Signs with Neuro Checks (blood pressure, MAP, pulse and respiration) every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours, then vital signs with neuro checks every 4 hours if stable (manual BP only), temperature every 8 hours
		<input checked="" type="checkbox"/> Maintain SBP less than 185 mmHg/DBP less than 110 mmHg
		7. Activity
		<input checked="" type="checkbox"/> Bedrest
		<input checked="" type="checkbox"/> HOB elevated 30 degrees
		8. Medications
		<input type="checkbox"/> BS greater than 150 mg/dl, initiate Insulin Moderate Dose Regimen (Refer to Sliding Scale Insulin Protocol).
		<input type="checkbox"/> Novolog
		<input type="checkbox"/> Regular
		<input type="checkbox"/> Labetalol _____ mg IVP.
		<input type="checkbox"/> Enalapril at 0.625 mg - 1.25 mg IVP over 15-20 minutes every 6 hours. Give until BP controlled to therapy goal.
		<input type="checkbox"/> Hydralazine 10 mg IV every 1 hour until BP controlled to therapy goal.
		<input type="checkbox"/> Sodium Nitroprusside 50 mg /250 mL D5W IV. Initiate at 6 mL/hr. Titrate until BP controlled to therapy goal.
		<input type="checkbox"/> Nicardipine 25 mg/250 mL D5W IV. Initiate at 5 mg/hour. Titrate by 2.5 mg/hour every 5 minutes (maximum, dose 15 mg/hour to therapy goal).
		– continue on page 3 –

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