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

			INITIAL HEIGHT					
110 A		NEC.	INITIAL WEIGHT Ib					
UG A	LLERG	AICO:		TING 🗌 Yes 🔲 N				
DA	TE	TIME	ORDER & SIGNATURE					
			THROMBOLYTIC STROKE ORDER SET	Page 1				
		1. Transfer to						
		■ Date of stroke onse		horopy (oritori				
		Confirm that patient meets eligibility requirements for thrombolytic therapy (crit						
		below)						
		■ Confirm that CT scan and lab work per stroke order set has been obtained and						
*****			results placed on chart  — Call +PA order to Pharmacy at Eyt 2714 and fav orders to pharmacy stat					
			<ul> <li>Call tPA order to Pharmacy at Ext. 2714 and fax orders to pharmacy stat</li> <li>Vital Signs (BP, HR, RR) immediately prior to IV tPA bolus (Manual BP only)</li> </ul>					
	·	<u>L</u>						
		Criteria to Determine Eligibility for IV T	hrombolytic Therapy In Non-Hemorrhagic S	troke				
YES	NO							
<b>⊏</b> ⊘								
E3		A. NIHSS score greater than or equal t	o 4 OR has one of the following: aphasia, visua	al field cut, or				
<b>E</b> 3		A. NIHSS score greater than or equal to neglect	o 4 OR has one of the following: aphasia, visua					
<b>E</b> 3		A. NIHSS score greater than or equal to neglect     B. Focal neurological deficit in carotid of the second se	o 4 OR has one of the following: aphasia, visua or vertebral distribution with onset of symptoms					
<b>E</b> 3		A. NIHSS score greater than or equal to neglect     B. Focal neurological deficit in carotid of C. Age 18 – 80 years (Consideration for the content of	o 4 OR has one of the following: aphasia, visual or vertebral distribution with onset of symptoms or compassionate use over age of 80)					
-	NO	A. NIHSS score greater than or equal to neglect     B. Focal neurological deficit in carotid of C. Age 18 – 80 years (Consideration for D. Informed consent – verbal for IV or verbal for IV.)	or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics					
-	NO	A. NIHSS score greater than or equal to neglect     B. Focal neurological deficit in carotid of C. Age 18 – 80 years (Consideration for D. Informed consent – verbal for IV or MUST A	o 4 OR has one of the following: aphasia, visual or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics	less than 3 ho				
	NO	A. NIHSS score greater than or equal to neglect     B. Focal neurological deficit in carotid of the consideration for the consi	o 4 OR has one of the following: aphasia, visual or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics  INSWER NO TO ALL CRITERIA  age (including history of intracranial hemorrhage	less than 3 ho				
	NO	A. NIHSS score greater than or equal to neglect     B. Focal neurological deficit in carotid of C. Age 18 – 80 years (Consideration for D. Informed consent – verbal for IV or MUST A. Intracranial, subarachnoid hemorrha	o 4 OR has one of the following: aphasia, visual or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics  INSWER NO TO ALL CRITERIA  age (including history of intracranial hemorrhage gical symptoms	less than 3 ho				
	NO	A. NIHSS score greater than or equal to neglect  B. Focal neurological deficit in carotid of the consideration for the consideration for the consent – verbal for IV or the consent – ver	or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics  INSWER NO TO ALL CRITERIA  age (including history of intracranial hemorrhage gical symptoms s than 3 months	less than 3 ho				
	NO	A. NIHSS score greater than or equal to neglect     B. Focal neurological deficit in carotid of C. Age 18 – 80 years (Consideration for D. Informed consent – verbal for IV or MUST A. Intracranial, subarachnoid hemorrham B. Rapidly improving or minor neurological C. History of stroke or head trauma less D. Major surgery less than 14 days     E. GI, urinary tract hemorrhage, within	or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics INSWER NO TO ALL CRITERIA age (including history of intracranial hemorrhage gical symptoms s than 3 months	less than 3 ho				
ES	NO	A. NIHSS score greater than or equal to neglect  B. Focal neurological deficit in carotid of the constant of	or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics  NSWER NO TO ALL CRITERIA  age (including history of intracranial hemorrhage gical symptoms sthan 3 months  last 21 days sible site less than 7 days	less than 3 ho				
	NO	A. NIHSS score greater than or equal to neglect  B. Focal neurological deficit in carotid of the constant of	or vertebral distribution with onset of symptoms or compassionate use over age of 80) written for IA thrombolytics  INSWER NO TO ALL CRITERIA  age (including history of intracranial hemorrhage gical symptoms s than 3 months  last 21 days sible site less than 7 days	less than 3 ho				
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## ROBINSON MEMORIAL HOSPITAL – RAVENNA, OHIO PHYSICIAN'S DIRECTIONS

	(IMPRINT PATIENT'S PLATE HERE)
	INITIAL HEIGHT
	INITIAL WEIGHT lb
DRUG ALLERGIE	PREGNANT  Yes  No LACTATING Yes  No
DATE	TIME ORDER & SIGNATURE
	IV THROMBOLYTIC STROKE ORDER SET Page 2 of
	2. ■ Medical Records to unit
	3. Diet:
	■ NPO (including PO meds)
	4. Labs and Diagnostics; Per Stroke Order Set
	5. Respiratory Orders:
	Aerosol treatment every hours:
	☐ Albuterol (Proventil) . ☐ Ipratropium (Atrovent)
	6. Nursing Orders
	<ul> <li>Validate Physician has completed NIHSS on Admission and Transfer and prior to tF</li> </ul>
	administration
	<ul> <li>Vital Signs with Neuro Checks (blood pressure, MAP, pulse and respiration) every</li> </ul>
	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
	■ Maintain SBP less than 185 mmHg/DBP less than 110 mmHg
	7. Activity
,	■ Bedrest
	■ HOB elevated 30 degrees
	8. Medications
	☐ BS greater than 150 mg/dl, initiate Insulin Moderate Dose Regimen (Refer to Slidin
	Scale Insulin Protocol).
	☐ Novolog
	☐ Regular
	Labetalolmg IVP.
· ·	☐ Enalapril at 0.625 mg - 1.25 mg IVP over 15-20 minutes every 6 hours. Give until I
	controlled to therapy goal.
	☐ Hydralazine 10 mg IV every 1 hour until BP controlled to therapy goal.
	Sodium Nitroprusside 50 mg /250 mL D5W IV. Initiate at 6 mL/hr. Titrate until BP
	controlled to therapy goal.
	☐ 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).
<u> </u>	- continue on page 3 -

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

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

	(IMPRINT I	PHYSICIAN'S I			
			INITIAL HEIGHT		
UG ALLERG	IES:		INITIAL WEIGHT Ib PREGNANT ☐ Yes ☐ No LACTA	ATING 🗌 Yes 🔲 No	
DATE	TIME		ORDER & SIGNATURE		
		IV THROM	BOLYTIC STROKE ORDER SET	Page 3 o	
		■ If BP not maintained with	medication at SBP less than 185 m	mHg or DBP le	
		than 110 mmHg do not ac	dminister tPA		
		■ Repeat NIHSS prior to IV to	PA		
		Check patency of IV site be	efore administration of tPA		
		<ul> <li>Complete time out procedu</li> </ul>	ire		
			INFUSION ORDERS		
		Maintain SBP less than 1	85 mmHg/DBP less than 110 mmHg	***************************************	
			hould be less than three hours of sy	mptom onset	
			ogen Activator) (0.9 mg/kg, 90 mg max	·······	
			ose IVP over 1 minute interval	Abrilland	
		Administer remain	der over 1 hour		
		Vital Signs with ne	euro checks every 15 minutes (Manual BP only)		
		A PARAMETER AND			
		-			
		A CONTRACTOR OF			
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