

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
		TIA/ISCHEMIC STROKE ORDER SET Page 1 of 3
		1. Admit/transfer to (check): <input type="checkbox"/> ICU/CCU <input type="checkbox"/> SDU <input type="checkbox"/> MedSurg
		Diagnosis (circle): TIA Ischemic Stroke
		2. Admit to the service of Dr: _____
		3. Consult: <input checked="" type="checkbox"/> Neurology (unless neurologist is admitting physician)

		4. Medical Records to unit
		5. Nutrition
		<input checked="" type="checkbox"/> Bedside swallow evaluation per nursing protocol
		<input checked="" type="checkbox"/> Advance diet/texture/consistency per Speech Therapy recommendation
		<input checked="" type="checkbox"/> Heart Healthy Diet when cleared by Speech Therapy OR specify: _____
		6. Labs and diagnostics (if not done in ED prior to admission to unit)
		<input checked="" type="checkbox"/> Blood Glucose at 0600 and 1600 x 2 days. Notify physician if BS less than 70 or greater than 150
		<input checked="" type="checkbox"/> CBC
		<input checked="" type="checkbox"/> BMP
		<input checked="" type="checkbox"/> Lipid Profile
		<input checked="" type="checkbox"/> Troponin
		<input checked="" type="checkbox"/> CT head without contrast (notify CT tech at X4218)
		<input checked="" type="checkbox"/> 12 lead EKG
		<input type="checkbox"/> 2D Echocardiogram with Doppler
		<input type="checkbox"/> Carotid Doppler
		<input type="checkbox"/> EEG
		<input type="checkbox"/> MRI of Brain
		<input type="checkbox"/> MRA of Circle of Willis
		<input type="checkbox"/> MRA of common carotid arteries
		<input type="checkbox"/> Stool for occult blood daily if on anticoagulant therapy
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____
		– continue on page 2 –



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

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		TIA/ISCHEMIC STROKE ORDER SET Page 2 of 3
		7. Respiratory Orders
		<input checked="" type="checkbox"/> Initiate O ₂ protocol to maintain O ₂ saturation greater than 92% or _____ <input type="checkbox"/> Aerosol treatment every _____ hours: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Albuterol (Proventil) <input type="checkbox"/> Ipratropium (Atrovent) </div>
		8. Nursing Orders
		<input checked="" type="checkbox"/> Validate Physician has completed NIHSS on Admission and Discharge <input checked="" type="checkbox"/> VS with neuro checks every 2 hours x 12 hours, then every shift if stable. <input checked="" type="checkbox"/> Notify physician if systolic BP greater than 210 mmHg or less than 100 mmHg OR _____ <input checked="" type="checkbox"/> Notify physician if diastolic BP greater than 115 mmHg OR _____ <input checked="" type="checkbox"/> Strict I&O
		9. Activity/Therapy
		<input checked="" type="checkbox"/> Speech Therapy for dysphagia, speech/language and cognition screen. <input checked="" type="checkbox"/> Evaluate and treat positive screen <input type="checkbox"/> Physical Therapy evaluation <input type="checkbox"/> Occupational Therapy evaluation <input type="checkbox"/> Up with assistance
		10. Education
		<input checked="" type="checkbox"/> Stroke education <input type="checkbox"/> Smoking cessation (if applicable)
		11. Scheduled Medications
		<input checked="" type="checkbox"/> See MROF <input checked="" type="checkbox"/> No Narcotics or sedatives unless cleared by Neurologist <input type="checkbox"/> IV of 0.9% NS at _____ ml/hr. <input type="checkbox"/> Saline Lock <input type="checkbox"/> Simvastatin (Zocor) _____ mg p.o. daily <input type="checkbox"/> Aspirin 325 mg p.o. daily OR <input type="checkbox"/> Dipyridamole/ASA (Aggrenox) extended release 1 p.o. bid <input type="checkbox"/> Clopidogrel (Plavix) 75 mg p.o. daily
		– continue on page 3 –

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☐ Regular

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