

IDHI Stroke Program

Acute Stroke Care Admission Orders: If alteplase NOT GIVEN

Patient Name: _____ Date: _____ Time: _____

Allergies: _____

(Circle desired options and strikethrough undesired options)

1. Admit to: Critical Care Unit or Regular Floor
2. Aspiration Precautions: Elevate Head of Bed to 30°
3. Continuous ECG monitoring or telemetry monitoring
4. Vital signs and neuro checks every 1-4 hours as per floor protocols
5. Call attending Dr. _____ pager number _____ immediately for evidence of neurological deterioration or vital signs outside of the following parameters:
 - Systolic blood pressure greater than 220 or less than 110
 - Diastolic blood pressure greater than 120
 - Pulse less than 50
 - Respirations greater than 24 or less than 12
 - Decline in neurological status or worsening stroke symptoms
6. Intake and output every 8-24 hours per protocol
7. Activity: Bed rest / As tolerated
8. Pneumatic compression hose to lower extremities while in bed
9. IV fluids: 0.9 % Normal Saline at 1ml/kg/hour or _____ ml/hr. or as ordered by MD
10. Oxygen at 2 liters/minute per nasal cannula as needed to keep O2 Sat more than 94%
11. RN to perform National Institute Health Stroke Scale (NIHSS) on admission
12. Dysphagia Screen and Nursing Bedside Swallow Evaluation on **admission**. Consult Speech Pathology as indicated by results.

DYSPHAGIA SCREEN

Initial

24 hours

Is patient being suctioned of secretions?

Yes No

Yes No

Is patient nauseated or vomiting?

Yes No

Yes No

Is patient NPO for tests?

Yes No

Yes No

If any Yes answers, make patient NPO and notify Medical Doctor. If all NO answers, perform Nursing Bedside Swallow Evaluation as below.

NURSING BEDSIDE SWALLOW EVALUATION:

Monitor pulse-ox during and for five minutes following the evaluation. Have patient hold cup and take sip of water, no ice, and no straw. Have patient talk.

	<u>Initial</u>	<u>24 hours</u>
Pulse oximetry drop below 92%?	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No
Is there coughing/choking when drinking?	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No
Any swallowing difficulties noticed?	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No
Wet or gurgled voice when talking?	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No	<input type="checkbox"/> Yes (4 points) <input type="checkbox"/> No
Is there drooling or facial paralysis?	<input type="checkbox"/> Yes (1 points) <input type="checkbox"/> No	<input type="checkbox"/> Yes (1 points) <input type="checkbox"/> No
Is there a tracheostomy?	<input type="checkbox"/> Yes (3 points) <input type="checkbox"/> No	<input type="checkbox"/> Yes (3 points) <input type="checkbox"/> No
	Score: _____	Score: _____

If score greater or equal to 4, make patient NPO and consult Speech Pathology.

13. Diet:

- NPO (Score 4 or more) Dysphagia pureed (Score 3) Heart Healthy (Score less than 3)
 ADA _____ calories Mechanical Soft Thickened liquids Other _____

14. Start ASA or antiplatelet agent of choice within 24 hours of admission.

15. Pharmacologic DVT prophylaxis of choice within 24 hours from admission.

16. Laboratory:

- CBC BMP LFT PT with INR PTT B12 Folate TSH
 CPK every 8 hours X 3 HbA1C Troponin I Fasting Lipid panel in am
 Others _____

17. Diagnostic Workup:

- ECG 12- Lead
 Echocardiogram 2-D
 MRI Brain w/o contrast or Follow up CT Head (to be done in 24-48hr) on _____ at _____
 MRA Head or CTA Head
 MRA Neck (with contrast if possible) or CTA Neck or Carotid Doppler
 TEE (in young patient with cryptogenic stroke and/or to complement or confirm TTE findings)
 Others: _____

18. Medications:

- a) Acetaminophen 650 mg by mouth every 4 hours as needed for pain or fever.
b) Famotidine 20 mg PO bid or Pantoprazole 20 mg PO daily or similar PUD prevention medicine as per institutional protocol
c) Statin if LDL >100 or previous statin use
d) Colace as needed for constipation
e) _____

19. Consults :

- Physical and Occupational Therapy Speech Therapy for swallow evaluation
 Speech Therapy for Language rehab Physical Medicine and Rehab Social Services
 Tobacco cessation counselor if patient has used tobacco in last 12 months Nutritionist
 Physician consult: _____

20. Provide patient and family with stroke education prior to discharge.

Signature: _____ Date/Time: _____