

Acute Stroke Orders for ED

Patient Care	
X	Vital Signs q15m
X	Neuro Assessment q15 min
X	Weight
X	NIHSS
X	Strict NPO
X	Continuous Cardiac Monitoring
X	O ₂ (titrate to keep SpO ₂ >94%)
X	Peripheral IV x2
Diagnostic Test	
X	Non-Contrast CT Head, stat
	CTA Head/Neck
X	EKG
X	Chest Xray
Laboratory	
X	Bedside Glucose, stat
X	CBC, stat
X	CMP, stat
X	Coag, stat
x	Troponin, stat
Medications	
	Labetalol 10mg IV, may repeat x1. PRN BP >180/105 (IF Alteplase candidate)
	Nicardipine infusion, 5mg/h, titrate up to 2.5 mg/h at 5 to 15 minute intervals, maximum dose 15mg/h; when desired BP attained, reduce to 3mg/h
	Labetalol 10mg IV, may repeat x1. PRN BP >220/120 (non-Alteplase candidate)
	Labetalol 10mg IV, may repeat x1. PRN SBP >160 (Hemorrhagic Stroke)
	Alteplase 0.9mg/kg (Max dose 90mg); give 10% over 1 minute then 90% over one hour
	Normal Saline 50ml, same infusion rate as IV Alteplase infusion rate to ensure infusion of remaining Alteplase in tubing

Acute Stroke/TIA Admission Orders – Non-Alteplase

Admission orders	
	Inpatient status
	Observation status
Patient Care	
X	Vital Signs per hospital protocol
X	Neuro Assessment per hospital protocol
X	Weight
X	NIHSS on admission and with any neuro changes
X	Strict NPO
X	Beside swallow study, advance diet as appropriate
	VTE prophylaxis: initiate by end of day one
	Sequential Compression Devices
X	Continuous Cardiac Monitoring
X	O ₂ (titrate to keep SpO ₂ >94%)
	Activity level as tolerated
Diagnostic Test	
	Non-Contrast CT Head
	CTA Head/Neck
	MRI
	MRA
	Carotid Duplex
	Echocardiogram
	TEE
Laboratory	
X	Lipid Level, fasting
X	Hgb A1c
Therapy	
	Speech Therapy: evaluate and treat
	Physical Therapy: evaluate and treat
	Occupational Therapy: evaluate and treat
Medications	
	Nicardipine infusion, 5mg/h, titrate up to 2.5 mg/h at 5 to 15 minute intervals, maximum dose 15mg/h; when desired BP attained, reduce to 3mg/h
	Labetalol 10mg IV, may repeat x1. PRN BP >220/120 (non-Alteplase candidate)
	Heparin 5000 units subcutaneous every 12 hours
	Lovenox 40mg subcutaneous every 24 hours
	Aspirin 325 PO/PR q day
	Dipyridamole-Aspirin 200/325mg q12 hours
	Clopidogrel 75mg PO qday
	Acetaminophen 640mg PO every 4 hours for temperature >99 ⁰
	Statin therapy for LDL >70 (to be started prior to discharge)

Acute Stroke/TIA Admission Orders – Alteplase

Admission/Transfer orders	
	Admit to ICU, inpatient status
	Transfer to Acute Care Facility
Patient Care	
x	Vital Signs q15m x2 hrs, then q30 min x6hrs, then q1h x16hrs, then per protocol
x	Neuro Assessment q15m x2 hrs, then q30 min x6hrs, then q1h x16hrs, then per protocol
x	NIHSS on admission and with any neuro changes
	Strict NPO
x	Beside swallow study, advance diet as appropriate
x	VTE prophylaxis: initiate by end of day one
x	Sequential Compression Devices
x	Continuous Cardiac Monitoring
x	O ₂ (titrate to keep SpO ₂ >94%)
x	Notify MD if BP >180/105 despite IV medication treatment
x	Notify MD with any signs of clinical deterioration, or suggestion of intracranial bleed, systemic bleeding, angioedema
x	No anticoagulant or antiplatelet agents for first 24 hours or until 24 hour repeat CT is negative for hemorrhage
	If ICH SUSPECTED, discontinue Alteplase infusion immediately and notify MD STAT NCCT scan for any neurological deterioration STAT lab studies: Coagulation study and CBC Consider transfer to hospital with neurosurgery capabilities
Diagnostic Test	
x	Non-Contrast CT Head 24 hrs post infusion
	Non-Contrast CT Head, Stat, prn neurological changes
	CTA Head/Neck
	MRI
	MRA
	Carotid Duplex
	Echocardiogram
	TEE
Laboratory	
X	Lipid Level, fasting
X	Hgb A1c
Therapy	
X	Speech Therapy: evaluate and treat
X	Physical Therapy: evaluate and treat
x	Occupational Therapy: evaluate and treat
Medications	
	Nicardipine infusion, 5mg/h, titrate up to 2.5 mg/h at 5 to 15 minute intervals, maximum dose 15mg/h; when desired BP attained, reduce to 3mg/h

	Labetalol 10mg IV, may repeat x1. PRN BP >180/105
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