

**Jordan Valley Medical Center / Pioneer Valley Hospital (A Campus of JVMC) Standard Orders
Cerebral Vascular Accident**

Admitting Physician: _____ **Date:** _____ **Time:** _____

Admit to Inpatient: [] Med/Surg [] Telemetry [] ICU

Place in Observation Services: [] Med/Surg [] Telemetry [] Other

Diagnosis: CVA: Type [] Ischemic [] Hemorrhagic [] TIA [] Other: _____

Consult: [] Neurology: _____ [] Neurosurgery: _____
[] Other: _____

Allergies: []

Code Status: [] Full [] DNR (see DNR order)

Vital Signs: [] Per unit protocol
[] VS and Neuro checks every _____ minutes for _____ hrs, then every _____ minutes for _____ hrs
(call MD with changes in neuro status)
[] VS and Neuro checks every shift [] VS and Neuro check every _____ hrs
[] Call for SBP greater than _____ SBP less than _____ DBP greater than _____ DBP less than _____
[] Other: _____

Activity: [] Bed rest [] Up in chair [] Bedside commode [] Ambulate ad lib [] Bathroom privileges [] Turn every _____ hrs

Nursing: [] Daily weight [] Bleeding precautions [] Aspiration precautions
[] Intake & Output [] Decubitus precautions [] Seizure precautions
[] Foley to drainage [] HOB at 30 degrees [] Egg crate [] Sequential Compression Device (SCD)
[] Pulse oximeter [] every shift [] twice a day [] Continuous overnight monitor
[] Complete Fibrinolytic Checklist
[] Glucose checks AC and at bedtime or every _____ hrs
[] Other: _____

Diet: [] Regular [] NPO [] 2 gm low sodium
[] Clear liquid [] Full liquid [] Soft solids [] Pureed
[] Cardiac
[] Carbohydrate Controlled
[] Other: _____

Fluids: [] Intravenous: _____ @ _____ ml/hr
[] Saline lock
[] Other: _____



Oxygen: [] Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 90%. DC if O2 sat greater than 90 % on RA
[] Venti Mask _____ % FIO2 [] 100% NRB
[] Other: _____


Protocols (if available): All protocol orders must be placed in chart
[] Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)
[] Insulin Infusion Protocol (ICU patients only)

Labs: [] BMP [] CMP [] Fasting lipid profile [] TSH [] UA [] Magnesium [] ESR [] ABG
[] Guaiac stool (if on anticoagulants) [] RPR [] ANA [] B12
[] CBC with differential () Now () In AM () Other _____
[] CBC without differential () Now () In AM () Other _____
[] Other: _____

Studies: [] CXray: [] Portable [] PA/Lateral [] MRI Brain with contrast
[] EKG [] EEG [] Carotid Doppler study [] Cerebral Arteriogram [] Transcranial doppler
[] Echocardiogram Dr. _____ to read
[] MRA Brain without contrast [] Swallow studies [] Noncontrast CT Scan Head
[] Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 3580 West 9000 South West Jordan, UT 84088 (801) 561-8888	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								



Ancillary Services:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Rehab Evaluation

Medications: (Check the appropriate box)

- Aspirin 325 mg PO daily 162 mg PO daily 81 mg PO daily
- Dipyridamole (Persantine) 200 mg PO daily
- Clopidogrel (Plavix) _____ mg PO once daily
- Ticlodipine (Ticlid) 250 mg PO BID
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hrs PRN severe pain (unless patient is allergic to codeine or morphine)
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs (renal dosing) Do not use if on heparin protocol (Renal dosing per pharmacy)
- Lisinopril (Zestril, Prinivil) 5 mg PO daily 10 mg PO daily. If allergic or intolerant to ACEI, use Losartan (Cozaar) 25mg PO daily.
Hold if SBP less than 90 mm or K+ greater or equal to 5.5 mmol/L or Creatinine greater or equal to 2.5.
- Simvastatin (Zocor) 40 mg PO, every night before bedtime
- Famotidine (Pepcid) 20 mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily PO once daily
- Nicotine _____mg topical patch apply daily
- Morphine Sulfate 2 mg IV every 4 hrs PRN for severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat does once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 24 hrs PRN for nausea and vomiting



Standard Medications:

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain (not to exceed 4 grams per 24 hrs)
- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp more than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO every HS PRN constipation
- Maalox 30 ml PO every 4 hrs PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

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