

## STANDING ADMISSION ORDERS CEREBRAL VASCULAR ACCIDENT

Admitting Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Admit to Inpatient:  Med/Surg  Telemetry  CCU

Place in Observation Services:  Med/Surg  Telemetry

Diagnosis: CVA: Type  Ischemic  Hemorrhagic  TIA  Other: \_\_\_\_\_

Consult:  Neurology: \_\_\_\_\_

Neurosurgery: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies:

Code Status:  Full  DNR

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 only  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  Compression Hose (TED)  
 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 92%. DC if O2 sat greater than 93 % on RA  
 Venti Mask \_\_\_\_\_ % FIO2  100% NRB  
 Other: \_\_\_\_\_

Protocols (if available): All protocol orders must be placed in chart  
 Weight Based Heparin Dosing Protocol for MI with thrombolytics/stroke  
 Insulin Infusion Protocol

Labs:  BMP  CMP  Fasting lipid profile  TSH  UA  Magnesium  CBC  Guaiac stool (if on anticoagulants)  
 RPR  ANA  B12  ESR  ABG  
 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: \_\_\_\_\_



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)**

**Antiplatelets**

- Aspirin  325 mg PO daily  162 mg PO daily  81 mg PO daily
- Aspirin/Extended-release Dipyridamole (Aggrenox) 25 mg/200 mg PO every 12 hrs
- Dipyridamole (Persantine) \_\_\_\_\_ mg PO once daily
- Clopidogrel (Plavix) 75 mg PO once daily
- Ticlodipine (Ticlid) 250 mg PO BID

**Pain**

- 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)

**Anticoagulant Thromboprophylaxis:**

- Heparin 5,000 units subcutaneous every 8 hours
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs

- 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 PO twice daily or  IV twice daily (unable to tolerate PO)
- 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 dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting  
(If Ondansetron ineffective, then Prochlorperazine (Compazine) 5 mg IV every 6 hrs PRN)

**Standard Medications: (all orders below will be implemented unless crossed out)**

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp greater than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO every 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours PRN heartburn

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:								
Attending Physician Name:								