

Emergency Department – Routine Transfer Orders Acute Stroke Without Alteplase

Prescriber instructions: 1) The prescriber MUST check an empty box (☐) to activate the corresponding order.
2) An order with a black box ■ will be activated UNLESS the prescriber crosses out the complete order with a line and initials.

Date: year/month/day	Time:	Allergies: ☐ None ☐ Yes Review electronic record	*Order #	Initials
Vital Sign and Neurological Monitoring				
<ul style="list-style-type: none"> ■ Call Hamilton General Hospital (HGH) ED to give a pre-alert when leaving (905) 527-4322 ext. 46251 ■ Insert foley catheter to straight drainage prior to transfer ■ NPO ■ Vital Signs q15minutes x 1 hour, then q30minutes ■ Canadian Neurological Scale (CNS) q30minutes <ul style="list-style-type: none"> • If CNS decreases by 1 point with signs of neurological decline, notify most responsible physician (MRP) at Grand River Hospital (GRH) ■ Continuous Cardiac Monitoring ■ Continuous Pulse Oximetry. Apply oxygen by nasal cannula or mask to maintain SpO2 greater than 92% ■ For any acute neurological worsening or if patient develops severe headache, acute hypertension, nausea or vomiting: <ul style="list-style-type: none"> • Patch/MRP at GRH • Continue to monitor vital signs and Canadian Neurological Scale q 15 minutes • Contact receiving hospital Emergency Department with an update and expected time of arrival ■ IV Normal Saline at _____ mL/hr 				
Blood Pressure Monitoring and Treatment				
<ul style="list-style-type: none"> ■ If SBP is greater than 180 mmHg and/or DBP is greater than 105 mmHg notify MRP and give: Labetalol 10 mg IV over 1-2 minutes (may repeat q10min up to maximum cumulative dose of 150 mg) (NOTE: labetalol contraindicated if severe bradycardia, 2nd degree heart block, asthma, <i>physician to cross out if not to be given</i>) <ul style="list-style-type: none"> • If target not achieved notify MRP at GRH ■ If Labetalol contraindicated or ineffective use alternative antihypertensive: Drug: _____ Dose: _____ mg Route: _____ Frequency: _____ ■ Avoid hypotension, maintain systolic blood pressure above 140 mmHg 				
Nausea				
<ul style="list-style-type: none"> ■ DimenhydrINATE 25-50 mg IV x 1 dose PRN ■ Ondansetron 4 mg IV x 1 dose PRN 				
Contrast Allergic Reaction Management				
<ul style="list-style-type: none"> ■ DiphenhydrAMINE 50 mg IV over 1-2 minutes PRN ■ Hydrocortisone 100 mg IV, may repeat X 2 PRN 				

Prescriber Signature: _____

Transcriber Signature: _____ Date: _____ Time: _____

Nurse Reviewer Signature: _____ Date: _____ Time: _____