The Ottawa Hospital | L'Hôpital d'Ottawa

PHYSICIAN'S ORDERS
Emergency Department or Inpatient Unit

Medication Allergies/Reactions	Substances or Food Allergies/Reactions
❑ None known	❑ None known

INITIAL Evaluation of Stroke Patients for Possible Thrombolysis

Init.	Non-Medication	Init.	IV and Medication (Medication, dose, route, frequency)

Record time of last seen normal: _____

For Stroke Code in ED – Record the name and contact of the source/witness:

Name/Contact info: _____

☑ Upon activation of "Stroke Code" RN initiates this set of orders: Initial Evaluation of Stroke Patients for Possible Thrombolysis.

☑ Weigh patient on scale: _____ kg

Vital Signs: ☑ Portable cardiac monitor
☑ Complete vital signs
☑ Blood pressure by NIPB q10 min

Oxygen Therapy:
☑ Oxygen Titration Protocol (OTP) to maintain O_2 saturation greater than or equal to 92%

Tests:
STAT blood:
Use requisition in stroke code package. Send specimen via transportation worker. RN to call Lab when bloodwork on its way.
General 73695 **Civic 10543**
☑ CBC, PTT, INR, Na, K, Cl, urea, creatinine, glucose
☑ Type and screen

☑ Blood glucose by point of care testing (POCT)

☑ CT head and CTA (unless contraindication to contrast) – ED Physician to complete requisition

☑ Call CT to provide patient information and to inform them when patient is on the way to CT – RN to complete
Civic: ED 17334 **General:** 72049
C1 13947 **HI:** 14514

☑ Call for STAT ECG following return from CT scan – RN to complete

☑ Pregnancy test (urine) for females age less than 50 (should not delay going to CT scan)

☑ RN to escort patient to CT scan/NACU/ICU/CCU/Angio Suite with appropriate cardiac monitoring equipment

☑ If decision to pursue with endovascular therapy, ED RN to inform NACU Charge RN at extension 10330 prior to transfer to Angio Suite

☑ Neurology to complete Request For Admission (RFA) – as soon as decision made to pursue with hyperacute stroke treatment

For Inpatient Stoke Codes

If a candidate for Alteplase transfer to:
❑ NACU Civic Campus ❑ CCU University of Ottawa Heart Institute
❑ ICU General/Civic Campus

IV Therapy:
☑ Saline lock × 2, one in each arm if possible, 18 gauge needles preferred

Antiemetics:
❑ Ondansetron 8 mg PO **OR** 4 mg IV q6h prn

DimenhyDRINATE (Gravol) ❑ 25 mg PO/IV q4h prn
OR ❑ 50 mg PO/IV q4h prn

Management of Blood Pressure

Target systolic BP is less than 185 mmHg and diastolic BP less than 110 mmHg. If systolic BP greater than 185 mmHg **OR** diastolic BP greater than 110 mmHg for 2 or more readings taken 10 minutes apart: **call physician** and give the agent as selected below.

Physician to consider **one** of the following IV agents, as clinically indicated:

If heart rate greater than 50 bpm AND if no significant asthma, physician to consider:

❑ Labetalol 10 mg IV over 2 minutes

THEN Repeat q 10 minutes prn to maintain target BP
Maximum dose 300 mg in 24 hours
Administer IV direct undiluted
ALERT – Cardiac monitoring
Continuous blood pressure monitoring

OR **If Labetalol contraindicated, or if patient not at target after 2 doses, physician to consider:**

❑ Hydralazine 10 mg IV over 1 minute

THEN Repeat q 10 minutes prn to maintain target BP
Maximum dose 40 mg in 4 hours
Administer IV direct in 20 mL NS
ALERT – Continuous blood pressure monitoring

Other medication:

_____

_____

_____

_____

Date (yy/mm/dd)	Time	Physician (printed)	Signature (Physician)
Date (noted)	Time	Processed by	Signature (Nurse)

SAMPLE