

Acute Care Unit Orders

Admission

Physician's orders for treatment of acute ischemic stroke in acute care unit after infusion of rt-PA.

Date	Physician's Order	
	1.	Continue Emergency Department orders for rt-PA infusion and monitoring vital signs and neuro checks until two hours after start of rt-PA infusion.
	2.	Vital signs (BP, P, R) and neuro checks (LOC and arm/leg weakness) q 30 min for 6 hrs, then q 60 min for 16 hrs after start of rt-PA.
	3.	Bleeding precautions: check puncture sites for bleeding or hematomas. Apply digital pressure or pressure dressing to active compressible bleeding sites. Evaluate urine, stool, emesis, or other secretions for blood. Perform Hemocult testing if there is evidence of bleeding.
	4.	Call Dr. _____, pager # _____ immediately for evidence of bleeding, neurologic deterioration, or vital signs outside the following parameters:
		a. Systolic BP >185 or Systolic BP <110.
		b. Diastolic BP >105 or Diastolic BP <60.
		c. Pulse <50.
		d. Respirations >24.
		e. Decline in neurological status or worsening of stroke signs.
	5.	0.45NS or NS IV to keep open at 50 cc/hr. x 24 hours.
	6.	O ₂ at 2 l/min by nasal cannula (if needed).
	7.	Continuous cardiac monitoring (if needed).
	8.	I's and O's.
	9.	Diet: NPO except meds for 24 hours.
	10.	Bed rest.
	11.	Medications: Acetaminophen 650 mg p.o. PRN for pain q 4 to 6 hours.
	12.	(Patient's regular medications previously prescribed, if appropriate.)
	13.	No heparin, warfarin, or aspirin for 24 hours. After 24 hrs: CT to exclude intracranial hemorrhage before any anticoagulants.
		Physician Signature

These orders represent only one potential approach to the management of patients with ischemic stroke. For each patient, physicians and institutions must determine treatment appropriate for their own situation.