


# University of Cincinnati Hospital

## Day 0 Orders – Page 2 of 5

	<b>UNIVERSITY OF CINCINNATI HOSPITAL PHYSICIAN'S CHECKLIST/ORDER SHEET</b>
"ORDCHK"	All applicable orders have been checked. ORDERS <b>NOT CHECKED</b> ARE NOT TO BE FOLLOWED.
Orders are modified according to the medical condition of the patient. All orders are to be dated, timed and signed by a physician. Additional orders may be entered at the end of the order set. If the orders are transcribed in sessions, the transcriber must date, time, and initial in the section marked order noted. If the entire set of orders is transcribed at one time, make a single slash across the page and enter the date, time, and your initials.	
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<b>ALLERGIES</b>	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
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Order Number		PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
	<input checked="" type="checkbox"/>	<b>Acute Stroke Prescriptions/Clinical Pathway Day 0 (Admission)</b> <i>Continued</i>	(Date/Time)	(Initial)
12.		Record Intake and Output: Notify MD for urinary output less than 20 cc/hr for two consecutive hours		
		_____ Intensive Care Unit: (must be approved by the attending Neurologist/Neurosurgeon)		
		vital signs q 1 hour		
		NIH stroke scale q 12 hours		
		cardinal sign q 1 hour		
		GCS x q 1 hour		
		_____ Stepdown Unit:		
		vital signs q 2 hours		
		NIH stroke scale q 12 hours		
		cardinal sign q 2 hours		
		GCS q 2 hours		
		_____ Acute Care Unit:		
		vital signs q 2 hours x 2 then q 4		
		(_____ 8CCP, _____ Other)		
		NIH stroke scale x 1		
		cardinal sign q 2 hours x 2 then q 4		

13.

GCS q 2 hours x 2 then q 4

List cardinal neurological signs (i.e. Speech, motor deficit, sensory, etc.)

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14.

Notify MD for:

systolic BP >180 mm Hg or < 120 mm Hg

diastolic BP > 104 mmHG or < 60 mm Hg

Target BP is:

heart rate > 110

respirations > 24

temperature > 101