


University of Cincinnati Hospital

Day 0 Orders – Page 3 of 5

	UNIVERSITY OF CINCINNATI HOSPITAL PHYSICIAN'S CHECKLIST/ORDER SHEET
"ORDCHK"	All applicable orders have been checked. ORDERS NOT CHECKED 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.	
PAGE <u>3</u> OF <u>5</u>	UMC-44 Rev. 6/95

ALLERGIES	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
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Order Number	<input checked="" type="checkbox"/>	PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED
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		Acute Stroke Prescriptions/Clinical Pathway Day 0 (Admission) <i>Continued</i>	(Date/Time)	(Initial)
15.		_____ Foley catheter		
16.		_____ Straight cath now & q 4 hours		
17.		_____ Posey belt restraint for fall prevention x 24 hours		
18.		Diagnostics:		
		_____ Transthoracic ECHO as per below criteria		
		_____ Patient has a known cardiac history (e.g. Heart failure) & requires the ECHO of clarification for the treatment of heart disease		
		_____ Other (please list): _____		
		_____ Carotid doppler per below criteria		
		_____ Symptoms of carotid ischemia		
		_____ Carotid bruit		
		_____ Abnormal MRA		
		_____ Other (please list): _____		
		_____ MRI/MRA (extracranial or intracranial)		
		Must be Approved by the Attending Neurologist/Neurosurgeon		
		_____ Symptoms referable to the brainstem or cerebellum		
		_____ Determination of extracranial or intracranial arterial stenosis		

	_____ Other (please list): _____
19.	IV: Normal saline at 75 cc/hr
	IV:
20.	_____ Pneumatic compression stockings

White-Chart Yellow-Pharmacy Pink-Floor Copy