


University of Cincinnati Hospital

Day 0 Orders – Page 4 of 5

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|  | 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. | |
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| 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 | |
| | | Acute Stroke Prescriptions/Clinical Pathway Day 0 (Admission) <i>Continued</i> | (Date/Time) | (Initial) |
| 21. | | Medications: ALLERGIES: _____ Laxative of choice PO PRN _____ Promethazine IV/IM/PO 12.5-25 mg q 4 hours PRN for nausea/vomiting _____ Acetaminophen 325-650 mg po q 4 hours for HA/pain _____ Antacid of choice PO PRN _____ Modified Weight-Based Heparin Dosing Protocol Target aPTT _____ (46-65 secs) Patient weight _____ kg Round off bolus to the nearest 500 units, infusion to the nearest 50 units/hr Initial heparin bolus - 50 units/kg: IVP _____ units (maximum: 8000 units) Initial heparin drip rate - 15 units/kg/hr IV units/hour (maximum: 2000 units/hr) aPTT in 4 hours after start Follow up dosing - write order in the chart for any dosing change 1) aPTT < 35 secs - 40 unit/kg bolus IVP _____ units, increase infusion by 3 units/kg/hr _____ units/kg 2) aPTT 35-45 sec - 20 unit/kg bolus IVP _____ units, increase infusion by 2 units/kg/hr _____ units/hr 3) aPTT 46-65 secs - no change 4) aPTT 66-90 secs - decrease infusion rate by 2 units/kg/hr _____ units/hr | | |

5) aPTT > 90 secs - HOLD infusion for 1 hour, then restart at rate reduced by 3 units/kg/hr _____ units/hr

Recheck aPTT in 4 hours after any dose changes

White-Chart Yellow-Pharmacy Pink-Floor Copy