


University of Cincinnati Hospital

Day 0 Orders – Page 5 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>5</u> OF <u>5</u>	UMC-44 Rev. 6/95

ALLERGIES	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
------------------	---

Order Number		PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
	<input checked="" type="checkbox"/>	Acute Stroke Prescriptions/Clinical Pathway Day 0 (Admission) <i>Continued</i>	(Date/Time)	(Initial)
21.		Medications <i>Continued</i> _____ Heparin 5000 units subcutaneous bid (do not order if on Heparin Protocol) _____ Ticlopidine 250 mg po bid Indications for use of Ticlopidine: _____ Allergic to aspirin _____ Intolerance to aspirin/patient has symptoms on aspirin _____ Other (please list): _____ _____ Enteric coated aspirin 325 mg qd po		
22.		Weights: daily		
23.		Oxygen _____ per nasal cannula at _____ liters _____ per mask at _____ %		
24.		American Heart Association Stroke Pamphlet		
25.		National Stroke Association Pamphlet to family/patient		
26.		University Hospital admission information packet		
27.		Review clinical pathway with family		
28.		Please contact Pastoral Services office for patient spiritual assessment (#83462)		