


University of Cincinnati Hospital

Day 1 Orders – Page 2 of 3

	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>2</u> OF <u>3</u> UMC-44 Rev. 6/95

ALLERGIES	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
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Order Number	✓	PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
		<i>Acute Stroke Prescriptions/Clinical Pathway Day 1 Continued</i>	(Date/Time)	(Initial)
6.		Laboratory:		
		____ Renal		
		____ PT, APTT		
		____ Anticonvulsant level (specify)		
		____ Please avoid blood draws on the affected side		
7.		____ IV: Normal Saline 75 cc/hour		
		____ IV:		
8.		Medications: ____ Modified Weight-Based Heparin Dosing Protocol		
		Target aPTT range ____ (46-65 secs)		
		Patient weight ____ kg		
		Round off bolus to the nearest 500 units, infusion to the nearest 50 units/hr		
		Follow up dosing - write order in the chart for any dosing change		
		1) aPTT < 35 secs - 40 units unit/kg bolus IVP ____ units, increase infusion by 3 units/kg/hr ____ units/hr		
		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		