


University of Cincinnati Hospital

Day 2 Orders – Page 3 of 4

	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		PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
	<input checked="" type="checkbox"/>	Acute Stroke Prescriptions/Clinical Pathway Day 2 <i>Continued</i>	(Date/Time)	(Initial)
10.		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 units/hr ___ Check aPTT in 4 hours ___ 1) aPTT < 35 secs - 40 units unit/kg bolus IVP ___ units, increase infusion by 3 units/kg/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 ___ 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 change ___ 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): _____
_____ Warfarin _____ mg po x 1
_____ Enteric coated aspirin 325 mg qd po

White-Chart Yellow-Pharmacy Pink-Floor Copy