


University of Cincinnati Hospital

Day 3 Orders – Page 2 of 3

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

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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 | |
|--------------|---|--|-------------|-----------|
| | ✓ | <i>Acute Stroke Prescriptions/Clinical Pathway Day 3 Continued</i> | (Date/Time) | (Initial) |
| 6. | | Please make sure the patient & family have received the following educational materials: <input type="checkbox"/> Stroke education video for patient & family <input type="checkbox"/> Cardiac/stroke dietary recommendations from dietitian <input type="checkbox"/> Diabetic teaching video for patient & family if appropriate <input type="checkbox"/> Smoking cessation information <input type="checkbox"/> Positioning instruction sheet to patient & family <input type="checkbox"/> Transfer instruction sheet to patient & family <input type="checkbox"/> Bowel bladder training program instruction sheet to patient & family | | |
| 7. | | Clinic appointment for follow up: Neurology/Neurosurgery for _____ | | |
| 8. | | Vital signs q 4 hours | | |
| 9. | | Please document NIH stroke scale before discharge | | |
| 10. | | Laboratory: <input type="checkbox"/> PT, PTT <input type="checkbox"/> CBC <input type="checkbox"/> Please avoid drawing blood in the affected arm Medications: <input type="checkbox"/> Modified Weight-Based Heparin Dosing Protocol Target aPTT range _____ (46-65 secs) Patient weight kg | | |

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| 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 |
| Check aPTT in 4 hours |
| 1) aPTT < 35 secs - 40 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 |

White-Chart Yellow-Pharmacy Pink-Floor Copy