


University of Cincinnati Hospital

Day 3 Orders – Page 3 of 3

 "ORDCHK"	UNIVERSITY OF CINCINNATI HOSPITAL PHYSICIAN'S CHECKLIST/ORDER SHEET	
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>3</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	<input checked="" type="checkbox"/>	PHYSICIAN PRESCRIPTIONS FOR STROKE	ORDER NOTED	
		Acute Stroke Prescriptions/Clinical Pathway Day 3 <i>Continued</i>	(Date/Time)	(Initial)
		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		
		_____ 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		
		Target PT/INR Range _____		

11.	Weights: daily			

12.

Oxygen ____ per nasal cannula at liters

____ per mask at ____ %

White-Chart Yellow-Pharmacy Pink-Floor Copy