## NORTH CAROLINA BAPTIST HOSPITAL
### PHYSICIAN ORDER FORM

**PHYSICIANS:** All orders should be written generically and using the Metric System; include the physician's signature, PRINTED name, ID Number, beeper number and the date/time. A generically and therapeutically alternative drug as approved by the P & T Committee may be dispensed unless the order is specifically designated "Dispense as Written."

Form Approved by Medical Record Informatics Technology Committee: _10/05_____________________

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**DATE**

**FAX TITLE:** Moderate Ischemic Stroke Admission Orders

<table>
<thead>
<tr>
<th>DATE</th>
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</table>

**(PLEASE CIRCLE OR CHECK APPROPRIATE ORDERS AND FILL IN BLANKS AS NEEDED)**

### DIAGNOSIS:

<table>
<thead>
<tr>
<th>DIAGNOSIS:</th>
<th>ALLERGIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Admit to Neurology Floor Bed</td>
<td>□ Admit to Neurology Floor Telemetry Bed</td>
</tr>
<tr>
<td>□ Admit to Neurology Floor Acute Care Bed</td>
<td>□ Admit to Intermediate Care Bed</td>
</tr>
</tbody>
</table>

**2. Attending:** ____________________________  **HO:** ____________________________  **Beeper:** ____________________________

**3. Condition:**
- □ Good
- □ Fair
- □ Serious
- □ Critical

**4. Cardiac Monitor if history of or suspected arrhythmia or cardiac ischemia (Complete orders for Centralized Telemetry Surveillance Unit)**
- □ D/C monitor after 24 hours if no dysrhythmia intervention required.

**5. Vital Signs, Oxygen Saturation and Neuro Checks:**
- □ every 4 hrs. X 24 hours, then every 8 hrs.
- □ On day 3 change vital signs, oxygen saturation and neuro checks to every shift
- □ D/C O2 sats if >92% on room air
- Call HO if: T >101.5˚F, SBP <90mmHg or >210mmHg., DBP>110 mmHG, HR< 50 bpm OR >120 bpm, RR<12/min or >24/min., O2 Sat <93% or , or Urine output <240cc/8 hrs.

**6. Intake/Output:**
- □ Routine: Total every 8 hrs (every 2hr in ACB & IMC)
- □ Strict: Quantify urine output. Total every 4 hrs. (every 2 hr. in ACB& IMC)

**7. Activity:**
- □ Turn every 2 hrs. If immobile, or while in bed (Right- Back – Left, Right-Back- Left)
- □ Passive ROM bid to affected extremities
- □ OOB to chair daily; OOB to chair bid beginning day 2
- □ Other

**8. Weight:** □ On admission

**9. □ Hemetest stools if on Heparin or Warfarin (Coumadin®)**

**10. Glucometer checks if diabetic:**
- □ bid before breakfast and supper
- □ AC and at bedtime
- □ Sliding Scale Insulin per Standard Dose Protocol

**11. Residual Checks every 4 hours if on enteral feedings**

**12. □ Bladder management Protocol**

**13. □ Bowel Management protocol**

**14. □ Skin Protection Protocol**

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**Physician Computer ID #**

**Physician SIGNATURE:**

**PRINT Physician NAME:**

**Beeper #:**

**Unit Secretary SIGNATURE:**

**TIME Sent to Pharmacy:**

**RN SIGNATURE:**

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DATE TIME

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DIAGNOSIS: ALLERGIES:

15. Diet:☐ Initiate Dysphagia Screening Protocol: diet and medication per screen results
☐ Oral diet if screening passed: ☐ Prudent ☐ Diabetic , Prudent______cal.
☐ Diabetic/ Calorie Controlled________ cal. ☐ Other:_____________

☐ Enteral feedings if screening failed:___________________________(Complete Adult Enteral Feeding Orders)
☐ Nutrition Consult
(Reason)_____________________________________________________________________

16. Labs: Admission: ☐ CBC with diff if not completed in ED ☐ CMP if not completed in ED
☐ PT/PTT if not completed in ED ☐ Homocysteine ☐ Fasting Lipid Profile (FLP)
Labs: Daily: ☐ PTT per Heparin Protocol
☐ PT Expanded daily X3 if on Warfarin (Coumadin®)

17. Labs: Consider on Admission:
☐ Magnesium if admission K+ abnormal
☐ ESR, RPR if no obvious cardiac source for cerebral ischemia
☐ Drug Screen if suspected abuse risk factors and no apparent stroke etiology
☐ TSH if arrhythmia suspected or increased cholesterol on FLP
☐ HgbA1C if increased glucose on CMP or history of diabetes mellitus
☐ Lupus inhibitor and anti-cardiolipin antibodies if PTT elevated
☐ Cardiac Profile (Troponin, CK(CPK)+ CK-MB) every 8 hrs. X3 if suspected cardiac ischemia
☐ ANA
☐ RF
☐ Thrombophilia Screen

18. Tests: ☐ EKG (if not completed in ED) Reason for Test:________________________________________

19. Tests: ☐ CXR (PA/ Lateral) (if not completed in ED) Reason for Test:___________________________
☐ CXR (portable) (if not completed in ED) Reason for Test:_________________________________

20. Diagnostic Tests:
☐ Carotid Ultrasound ☐ Transcranial Doppler ☐ Trans- Thoracic echocardiogram
☐ Trans-esophageal echocardiogram ☐ Cranial MRI without contrast
☐ Cranial MRI with and without contrast ☐ Intracranial MRA with contrast
☐ Carotid MRA with contrast ☐ MRV specify:_____________________
☐ Cerebral Arteriogram / CTA

DATE: TIME:

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Unit Secretary SIGNATURE: TIME Sent to Pharmacy: RN SIGNATURE:

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#### Page 3 of 4

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(Please circle or check appropriate orders and fill in blanks as needed)

21. Respiratory:  
- [ ] Nasal Cannula [ ] L/min.  
- [ ] D/C oxygen if oxygen saturation sustained above 93% on room air  
- [ ] Incentive Spirometry

22. Therapy:  
- [ ] PT Evaluate and Treat  
- [ ] OT Evaluate and Treat  
- [ ] Speech

23.  
- [ ] Meets criteria for pneumococcal vaccine (ACIP Criteria on Infinet under “Guidelines”)  
- [ ] Administer 0.5ml pneumococcal vaccine IM  
- [ ] Meets criteria for Influenza vaccine (Sept.- Mar.) (ACIP Criteria on Infinet under “Guidelines”)  
- [ ] Administer 0.5 ml. influenza vaccine IM

24. Smoking Cessation Advice/ Counselling (if patient has smoked within the last year)  
- [ ] Patient Education  
- [ ] Nicotine Patch (21mg/day or 14 mg./day or 7 mg./day) patch top daily  
- [ ] Bupropion SR [ ] mg. (150 mg.) PO daily X3 days then bid

25. Medications (Select dose and route of administration):  
- [ ] Enteric Coated Aspirin [ ] mg. (81mg. or 325 mg) PO daily OR Aspirin Suppository [ ] mg. (125mg or 300 mg.) PR daily if NPO  
- [ ] Heparin sodium (Complete STANDARD Adult Heparin Protocol Orders)  
- [ ] Warfarin (Coumadin® [ ] mg. (2 mg. or 5 mg.) PO/NG daily to start on second day of Heparin  
- [ ] Ticlopidine (Ticlid®) 250 mg. PO/NG bid  
- [ ] Clopidogrel bisulfate (Plavix®) 75mg. PO/NG daily  
- [ ] Aspirin/ dipyridamole (Aggrenox ®) 25/ 200 mg. PO bid  
- [ ] Acetaminophen [ ] mg. (650mg.) PO/NG/PR every 6 hrs. prn mild discomfort  
- [ ] Promethazine [ ] mg. (12.5 or 25 mg.) IV/PO/PR every 6 hrs. prn nausea-vomiting  
- [ ] Aluminum –Magnesium Hydroxide(Maalox®) [ ] ml (30ml) PO/NG every 4 hrs. prn indigestion  
- [ ] Lorazepam (Ativan®) [ ] mg. (0.5mg. or 1 mg.) PO/NG/IV every 8 hrs. prn anxiety  
- [ ] Diphenhydramine hydrochloride (Benadryl®) [ ] mg. (12.5 or 25 mg.) PO/NG/IV at bedtime prn sleeplessness

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25. Medications (Select dose and route of administration): Continued from page 3

Begin Statin, day 2, if indicated:
- Atorvastatin (Lipitor®) _____mg every day
- Simvastatin (Zocor®) _______ mg daily in the evening
- Other
- Resume Home Medications as listed below (Include dose, route, and frequency)

26. DVT Prophylaxis:
- Heparin 5,000 units SQ bid
- Pneumatic compression devices to bilateral lower extremities

27. IV: Saline lock: flush per policy
- if on IV Heparin or IV medications greater than every 6 hrs., IV fluids
- Other

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