

HOSP: INTRACEREBRAL HEMORRHAGE ADMISSION ORDERSET [1025]

6/9/10 PT OT ST start time restriction removed

5/4/10 new order in dept consults

9/8/09 SWRMC consult added

6/2/09 Admission Certification removed

[2007 ASA ICH Guidelines Stroke](#)URL: Q:\Micromedex\PDF\ASA ICH Guidelines Stroke
2007.pdf**Information****Announcements**

ADMIT order REQUIRED to be entered to complete admission process for all appropriate ordersets.

Step #1: Place Resuscitations Orders. Complete Step #2 and #3, (if applicable) Step #4: Complete Extent of Care note.**STEP 1: Place order for Resuscitation Orders,**[U.S. Living Will Registry](#)URL: <http://www.uslivingwillregistry.com/>[America Living Will Registry](#)URL: <http://www.alwr.com/>

<input type="radio"/> FULL CODE-CODE BLUE TEAM WILL BE CALLED	Details
<input type="radio"/> DNR-CODE BLUE TEAM WILL NOT BE CALLED	Details
<input type="radio"/> COMFORT MEASURES- DNR	Details

STEP 2: Limitations of Care

<input type="checkbox"/> DO NOT GIVE ANTIBIOTICS	Details
<input type="checkbox"/> DO NOT PERFORM BLOOD DRAWINGS	Details
<input type="checkbox"/> DO NOT GIVE BLOOD/ BLOOD PRODUCTS	Details
<input type="checkbox"/> DO NOT GIVE CHEMOTHERAPY	Details
<input type="checkbox"/> DO NOT PERFORM DIALYSIS	Details
<input type="checkbox"/> DO NOT INTUBATE	Details
<input type="checkbox"/> DO NOT GIVE IV FLUIDS	Details
<input type="checkbox"/> DO NOT PERFORM SURGERY	Details
<input type="checkbox"/> DO NOT TRANSFER TO INTENSIVE CARE	Details
<input type="checkbox"/> DO NOT GIVE TUBE FEEDINGS OR TPN	Details
<input type="checkbox"/> PATIENT DOES NOT WISH SUPPORT FOR PERSISTENT VEGETATIVE STATE OR PERMANENT COMA	Details

Step #3: Extent of Care

<input type="checkbox"/> REQUESTED BY PATIENT WITH DECISION-MAKING CAPACITY- DNR order cannot be revoked by family or legal surrogate or Health Agent	Details
<input type="checkbox"/> REQUESTED BY HEALTHCARE AGENT OR SURROGATE FOR PATIENT WITHOUT CAPACITY- (must document lack of decision capacity)	Details
<input type="checkbox"/> EMERGENT AND UNABLE TO LOCATE ANY FAMILY- Second Physician on Medical Staff (not in same medical practice) concurs with need for DNR (both must chart their rationale)	Details

VTE Prophylaxis

No VTE Prophylaxis Needed

<input type="checkbox"/> No VTE Prophylaxis Needed	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Mechanical/pharmacological prophylaxis contraindicated. Applicable to ambulatory patients or patients already anticoagulated
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Non-Pharmacological Therapies

<input type="checkbox"/> Antiembolic hose (Knee High)	Routine, UNTIL DISCONTINUED, Starting today
<input checked="" type="checkbox"/> Sequential compression stockings	Routine, UNTIL DISCONTINUED, Starting today

Vital Signs, Neuro Checks and Pulse Oximetry

Vital Signs

<input checked="" type="checkbox"/> VITAL SIGNS	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Per nursing unit routine
<input type="checkbox"/> VITAL SIGNS	Routine, EVERY HOUR, Starting today For Until specified, .

Neurological Checks

<input checked="" type="checkbox"/> NEUROLOGICAL CHECKS	Routine, EVERY HOUR, Starting today For Until specified, .
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Pulse Oximetry

<input checked="" type="checkbox"/> PULSE OXIMETRY	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Check with Vital Signs
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Activity

Activity

<input type="checkbox"/> BEDREST	Routine, UNTIL DISCONTINUED, Starting today at 2:34 PM For Until specified, .
<input type="checkbox"/> BEDREST WITH BATHROOM PRIVILEGES	Routine, UNTIL DISCONTINUED, Starting today For Until specified, .
<input type="checkbox"/> OUT OF BED FOR MEALS WITH ASSIST	Routine, UNTIL DISCONTINUED, Starting today For Until specified, .

Dietary

Swallow Screen

<input checked="" type="checkbox"/> Nurse Swallow Screen	Now, ONE TIME, Starting today For 1 Occurrences, PRIOR TO ANY ORAL INTAKE.
<input checked="" type="checkbox"/> If patient PASSES Nurse Swallow Screen	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Order dysphasia tray until diet order can be obtained from MD
<input checked="" type="checkbox"/> If patient FAILS Nurse Swallow Screen	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Keep NPO with IV fluids and head of bed elevated at least 30 degrees. Place order for Speech Therapy consult

Tube Feedings

<input type="checkbox"/> TUBE FEEDING	NOW (DIET), Starting today at 2:34 PM, Per Nutritionist recommendations
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<input type="checkbox"/> TUBE FEEDING- Jevity	CONTINUOUS, Starting today For Until specified Formula Type: JEVITY 1.2 CAL Volume:ml's/hour: 20 ml/hour Strength: FULL Method: Give Via: NASO-GASTRIC
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IV Therapy

IV ACCESS (order saline flush with saline lock)

<input type="checkbox"/> SALINE LOCK AND FLUSH PANEL	Panel
<input type="checkbox"/> SALINE LOCK	Routine, CONTINUOUS, Starting today at 2:34 PM
<input type="checkbox"/> NS	10 mL, Injection, PRN Starting today at 12:00 AM

Flush for Central Lines

<input type="checkbox"/> NS 0.9 % injection	10 mL, Intravenous via Central Line, PRN Starting today at 12:00 AM
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IV Fluids

<input type="checkbox"/> NS infusion	75 mL/hr, Intravenous, CONTINUOUS Starting today at 2:34 PM
<input type="checkbox"/> NS with KCl 20 mEq/L infusion	75 mL/hr, Intravenous, CONTINUOUS Starting today at 2:34 PM
<input type="checkbox"/> 1/2 NS infusion	75 mL/hr, Intravenous, CONTINUOUS Starting today at 2:34 PM
<input type="checkbox"/> 1/2 NS with KCl 20 mEq/L infusion	75 mL/hr, Intravenous, CONTINUOUS Starting today at 2:34 PM

Lab Orders

Hematology

<input type="checkbox"/> CBC	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed, .
<input type="checkbox"/> CBC WITH DIFFERENTIAL	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed, .
<input type="checkbox"/> H/H	STAT, EVERY 6 HOURS, Starting today, Lab Performed
<input type="checkbox"/> APTT	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed, .
<input type="checkbox"/> PT-INR	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed, .

Chemistry

<input type="checkbox"/> BASIC METABOLIC PANEL	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed, On admission
<input type="checkbox"/> BASIC METABOLIC PANEL	Routine, ONCE TOMORROW AM, Starting today at 2:34 PM For 1 Occurrences, Lab Performed
<input type="checkbox"/> CALCIUM IONIZED	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed
<input type="checkbox"/> CALCIUM IONIZED (SVBGH)	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed
<input type="checkbox"/> MAGNESIUM SERUM	STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed
<input type="checkbox"/> PHOSPHORUS SERUM	STAT, ON ADMISSION, Starting today For 1

<input type="checkbox"/> PREALBUMIN	Occurrences, Lab Performed STAT, ON ADMISSION, Starting today For 1 Occurrences, Lab Performed
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Urine Tests

<input type="checkbox"/> URINALYSIS	Routine, ONE TIME, Starting today For 1 Occurrences, Lab Performed, .
<input type="checkbox"/> DRUG SCREEN URINE-6	Routine, ONE TIME, Starting today For 1 Occurrences, Lab Performed

Diagnostic Tests**Cardiac Tests**

<input type="checkbox"/> EKG 12 LEAD UNIT PERFORMED	Routine, ONE TIME, Starting today For 1 Occurrences Indication for Exam: If NOT done within 24 hours
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Radiology Tests

<input type="checkbox"/> CHEST AP PORTABLE	STAT, ONCE, Starting today For 1 Occurrences Wet Read-Call Report?: No Portable Exam @ Bedside?: Yes Indication for exam: .
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CT Scans

<input type="checkbox"/> CT HEAD without CONTRAST	STAT, ONCE, Starting today For 1 Occurrences Indication for Exam: OTHER (SEE COMMENTS BOX) Wet Read-Call Report?: No
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MRIs and MRAs

<input type="checkbox"/> MR HEAD with CONTRAST	STAT, ONCE, Starting today For 1 Occurrences Indication for Exam: OTHER (SEE COMMENTS BOX) Wet Read-Call Report?: No INDICATIONS: Intracerebral Hemorrhage. Complete Safety Screening Form
<input type="checkbox"/> MR HEAD without CONTRAST	STAT, ONCE, Starting today For 1 Occurrences Indication for Exam: OTHER (SEE COMMENTS BOX) Wet Read-Call Report?: No INDICATIONS: Intracerebral Hemorrhage Complete Safety Screening Form
<input type="checkbox"/> MR MRA HEAD with CONTRAST	STAT, ONCE, Starting today For 1 Occurrences Indication for Exam: OTHER (SEE COMMENTS BOX) Wet Read-Call Report?: No INDICATIONS: Intracerebral Hemorrhage. Complete Safety Screening Form
<input type="checkbox"/> MR MRA HEAD without CONTRAST	STAT, ONCE, Starting today For 1 Occurrences Indication for Exam: OTHER (SEE COMMENTS BOX) Wet Read-Call Report?: No INDICATIONS: Intracerebral Hemorrhage. Complete

Safety Screening Form

Consults

Departmental Consults

<input type="checkbox"/> Care Coordination	Routine, ONE TIME, Starting today For 1 Occurrences Reason for CM Consult/Care Coordination?: SERVICES TO BE DETERMINED AT DISCHARGE Consult MUST be completed within 24 hours of admission or initiation of orderset
<input type="checkbox"/> CASE MANAGEMENT CONSULT	Routine, Consult MUST be completed within 24 hours of admission or initiation of orderset
<input type="checkbox"/> IP NUTRITION CONSULT	Routine, ONCE, Starting today at 2:34 PM Consult Reason: Failed swallow evaluation and insertion of feeding tube Consult MUST be completed within 24 hours of admission or initiation of orderset
<input type="checkbox"/> OCCUPATIONAL THERAPY: EVALUATE (must also order Tx)	Routine, ONE TIME (REHAB), Starting today For 1 Occurrences Indications?: INDICATIONS: Intracerebral Hemorrhage Restrictions? Please add details in Comments: OTHER Patient to be out of bed if systolic blood pressure GREATER than 110 mmHg
<input type="checkbox"/> OCCUPATIONAL THERAPY: TREAT (must also order Eval)	Routine, PER THERAPIST DISCRETION, Starting today For Until specified Indications?: INDICATIONS: Intracerebral Hemorrhage Restrictions? Please add details in Comments: OTHER Patient to be out of bed if systolic blood pressure GREATER than 110 mmHg
<input type="checkbox"/> PHYSICAL THERAPY: EVALUATE	Routine, ONE TIME (REHAB), Starting today For 1 Occurrences Indications?: INDICATIONS: Intracerebral Hemorrhage Restrictions? Please add details in Comments: OTHER Patient to be out of bed if systolic blood pressure GREATER than 110 mmHg
<input type="checkbox"/> PHYSICAL THERAPY: TREAT (must also order Eval)	Routine, PER THERAPIST DISCRETION, Starting today For Until specified Indications?: INDICATIONS: Intracerebral Hemorrhage Restrictions? Please add details in Comments: OTHER Patient to be out of bed if systolic blood pressure GREATER than 110 mmHg
<input type="checkbox"/> SPEECH EVALUATION (also order Tx)	Routine, ONE TIME (REHAB), Starting today For 1 Occurrences Reason for SLP?: INDICATIONS: Intracerebral Hemorrhage. Failed swallow evaluation
<input type="checkbox"/> SPEECH TREATMENT (must also order Eval)	Routine, ONE TIME (REHAB), Starting today at 2:34

	PM For 1 Occurrences Reason for SLP?: INDICATIONS: Intracerebral Hemorrhage
<input type="checkbox"/> PT/ST/OT NOT ORDERED DUE TO:	Reason:

Rehab Consults

<input type="radio"/> REHAB 9TH FLOOR CONSULT (SNGH)- IP Rehab	Routine, INDICATIONS: Intracerebral Hemorrhage. COMPLETE WITHIN 24 HOURS OF ADMISSION/ INITIATION OF THIS ORDERSET SNGH- Nursing to call inpatient Rehab Unit
<input type="radio"/> PHYSICAL MEDICINE REHAB CONSULT (SVBGH)- IP Rehab	Routine, INDICATIONS: Intracerebral Hemorrhage COMPLETE WITHIN 24 HOURS OF ADMISSION/ INITIATION OF THIS ORDERSET SVBGH- Nursing to call Neuro Rehab Consult
<input type="radio"/> INPATIENT REHAB CONSULT (SWRMC)	Routine, INDICATIONS: Intracerebral Hemorrhage. COMPLETE WITHIN 24 HOURS OF ADMISSION/ INITIATION OF THIS ORDERSET

Stroke Coordinator Consult (Required)

<input checked="" type="checkbox"/> STROKE COORDINATOR CONSULT	Routine, ONE TIME, Starting today For Until specified
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Physician Notification

Physician Notification

<input type="checkbox"/> NOTIFY MD...for Vital Signs	ASAP, PRN, Starting today For Until specified, Temperature GREATER than 101.5 F, heart rate GREATER than 120 or LESS than 60, Systolic blood pressure GREATER than 140 pre clip
<input type="checkbox"/> NOTIFY MD... for signs and symptoms	ASAP, PRN, Starting today For Until specified, DECREASED level of consciousness, changes in neurological status, pupillary changes, new or worsened neurological deficit, seizure or INCREASED headache
<input type="checkbox"/> NOTIFY MD... urine output	ASAP, PRN, Starting today For Until specified, Urine output LESS than 30 mL x2 hours
<input type="checkbox"/> NOTIFY MD for...	ASAP, PRN, Starting today For Until specified, .

Nursing Orders

Nursing Interventions

<input type="checkbox"/> WEIGH	Routine, DAILY, Starting today with First Occurrence As Scheduled For Until specified, .
<input type="checkbox"/> INTAKE AND OUTPUT	Routine, PRN, Starting today For Until specified, Per nursing unit routine
<input type="checkbox"/> COOLING BLANKET	Routine, PRN, Starting today For Until specified, For temperature GREATER than 100.4 degrees F (TARGET not LESS than 98.6 degrees F)

Ventriculostomy

Ventriculostomy Monitoring

<input type="checkbox"/> VENTRICULOSTOMY DRAIN- measure	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Open at {Choice:22472} Close to measure ICP/CCP every hour and record output.
<input type="checkbox"/> VENTRICULOSTOMY DRAIN- open for...	Routine, UNTIL DISCONTINUED, Starting today For

Until specified, Open drain for ICP GREATER than {IPOS ICP NUMBER:22475} Notify MD for CONTINUOUS sustained ICP

Antibiotics for Ventriculostomy

<input type="radio"/> ceFAZolin (ANCEF) 1 g /50 mL NS IVPB	1 g, Intravenous, EVERY 8 HOURS Starting today
<input type="radio"/> vancomycin (VANCOCIN) 1 g/250 mL NS IVPB	1000 mg, Intravenous, EVERY 12 HOURS Starting today at 2:34 PM

Medications

Vasopressor Therapy

<input type="checkbox"/> If multiple medications are ordered...	Routine, ONE TIME, Starting today at 2:34 PM For 1 Occurrences, If multiple medications are ordered start with *** and add *** if goal is not met.
<input type="checkbox"/> Norepinephrine (LEVOPHED) 4mg/D5W 250ml infusion	1 mcg/min, Intravenous, CONTINUOUS Starting today at 2:34 PM
<input type="checkbox"/> DOPamine in D5W (INOTROPIN) 400mg/250ml infusion (premix)	1 mcg/kg/min, Intravenous, CONTINUOUS Starting today at 2:34 PM
<input type="checkbox"/> Phenylephrine (NEOSYNEPHRINE) 20mg/NS 250ml infusion	25 mcg/min, Intravenous, CONTINUOUS Starting today at 2:34 PM

Blood Pressure Management - for patients with NO CHF or COPD

For patients exhibiting systolic blood pressure GREATER than 180 mmHg or mean arterial GREATER than 130 mmHg. CONSIDER: a reasonable goal is to lower blood pressure to MAP of 110 mmHg or to a target of 160/90 mmHg. If there is evidence of or suspicion of elevated ICP, consider monitoring ICP and reducing BP to keep CPP LESS than 60 to 80 mmHg (2007 ASA Guidelines)

<input type="checkbox"/> labetalol (NORMODYNE) injection - q15 minutes prn	10 mg, IV PUSH, EVERY 15 MIN PRN Starting today at 2:34 PM For 30 Dose(s)
<input type="checkbox"/> labetalol (NORMODYNE) 500mg/100ml infusion	2 mg/min, Intravenous, CONTINUOUS Starting today at 2:34 PM
<input type="checkbox"/> nicardipine (CARDENE) in NS 20 mg/200 mL infusion	5 mg/hr, Intravenous, CONTINUOUS-PRN Starting today at 2:34 PM

Blood Pressure Management - for patients with CHF or COPD

<input type="checkbox"/> enalaprilat (VASOTEC) injection	1.25 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 2:34 PM
<input type="checkbox"/> nitroprusside(NIPRIDE) 50mg/D5W 250ml infusion	0.5 mcg/kg/min, Intravenous, CONTINUOUS Starting today at 2:34 PM

Antiemetics

<input type="checkbox"/> ondansetron (PF) (ZOFRAN) 4 mg/2 mL injection	4 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 2:34 PM
<input type="checkbox"/> prochlorperazine (COMPAZINE) 10mg injection	10 mg, IV PUSH, EVERY 4 HOURS PRN Starting today at 2:34 PM
<input type="checkbox"/> promethazine (PHENERGAN) 12.5mg injection	6.25 mg, IV PUSH, EVERY 4 HOURS PRN Starting today at 2:34 PM

Laxatives

<input type="checkbox"/> bisacodyl (DULCOLAX) 10mg suppository	10 mg, Rectal, DAILY PRN Starting today at 2:34 PM
<input type="checkbox"/> bisacodyl EC (DULCOLAX) 5mg tablet	10 mg, Oral, DAILY PRN Starting today at 2:34 PM
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, Oral, DAILY Starting today at 9:00 AM
<input type="checkbox"/> magnesium hydroxide (MILK OF MAGNESIA)	30 mL, Oral, DAILY PRN Starting today at 2:34 PM

400mg/5ml suspension

Seizure Medications

<input type="checkbox"/> phenytoin (DILANTIN) IVPB - Loading Dose	15 mg/kg, Intravenous, ONCE Starting today at 2:34 PM For 1 Dose(s)
<input type="checkbox"/> phenytoin (DILANTIN) 1000mg/NS 250ml IVBP - Loading Dose	1000 mg, Intravenous, ONCE Starting today For 1 Dose(s)
<input type="checkbox"/> phenytoin (DILANTIN) 100mg/NS 100ml IVPB - Maintenance Dose	100 mg, Intravenous, EVERY 8 HOURS Starting today at 5:00 AM
<input type="checkbox"/> phenytoin (DILANTIN) 50mg chew tablet - Maintenance Dose	100 mg, Oral, EVERY 8 HOURS Starting today at 5:00 AM with First Dose As Scheduled
<input type="checkbox"/> levetiracetam 20 mg/kg IVPB - Loading Dose	20 mg/kg, Intravenous, ONCE Starting today For 1 Dose(s)
<input type="checkbox"/> levetiracetam (KEPPRA) 500mg/100ml NS IVPB - Maintenance Dose	500 mg, Intravenous, EVERY 12 HOURS Starting today at 9:00 AM with First Dose As Scheduled
<input type="checkbox"/> levetiracetam (KEPPRA) tablet - Maintenance Dose	500 mg, Oral, EVERY 12 HOURS Starting today at 9:00 AM with First Dose As Scheduled

Narcotic Analgesics

<input type="checkbox"/> hydrocodone-acetaminophen (NORCO 5) 5-325mg tablet	1 Tab, Oral, EVERY 4 HOURS PRN Starting today at 2:34 PM
<input type="checkbox"/> morphine 2-4 mg injection range dosing	2-4 mg, IV PUSH, EVERY 2 HOURS PRN Starting today
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30mg tablet - 1 tab	1 Tab, Oral, EVERY 4 HOURS PRN Starting today
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30mg tablet - 2 tabs	2 Tab, Oral, EVERY 4 HOURS PRN Starting today

Non-Narcotic Analgesics

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, Oral, EVERY 4 HOURS PRN Starting today at 2:34 PM
<input type="checkbox"/> acetaminophen (TYLENOL) oral solution	650 mg, Oral, EVERY 4 HOURS PRN Starting today at 2:34 PM
<input type="checkbox"/> acetaminophen (TYLENOL) 650mg suppository	650 mg, Rectal, EVERY 4 HOURS PRN Starting today at 2:34 PM

Stress Prophylaxis

<input type="checkbox"/> famotidine (PEPCID) 20mg tablet	20 mg, Oral, 2 TIMES DAILY Starting today at 9:00 AM
<input type="checkbox"/> famotidine (PEPCID) 10mg/ml injection	20 mg, Intravenous, 2 TIMES DAILY Starting today at 9:00 AM

Protocols**Electrolyte Replacement Protocols**

<input type="checkbox"/> Implement Critical Care Electrolyte Protocols	Details
<input type="checkbox"/> Implement Critical Care Calcium Replacement Protocol	Details
<input type="checkbox"/> Implement Critical Care Magnesium Replacement Protocol	Details
<input type="checkbox"/> Implement Critical Care Phosphate Replacement Protocol	Details
<input type="checkbox"/> Implement Critical Care Potassium Replacement Protocol	Details

Hypoglycemia Treatment Protocol

<input checked="" type="checkbox"/> IMPLEMENT HYPOGLYCEMIA TREATMENT PROTOCOL	Now, UNTIL DISCONTINUED, Starting today For Until specified, For glycemic control. AVOID hypoglycemia.
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For Administrative Purpose Only**DO NOT de-select item(s)**

<input checked="" type="checkbox"/> INTRACEREBRAL HEMORRHAGE ADMISSION ORDERSET- Version 2 released 5/4/10	Details
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