

HOSP: STROKE POST ALTEPLASE (tPA) INFUSION ORDERSET [1020]

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

5/4/10 Revised VTE Prophylaxis

4/13/10 mult new changes

12/22/09 stroke coordinator consult added

9/17/09 added SWRMC rehab order

[2007 ASA ICH Guidelines Stroke](#)

URL: Q:\Micromedex\PDF\ASA ICH Guidelines Stroke 2007.pdf

[2007 ASA Ischemic Stroke Guidelines Stroke](#)

URL: Q:\Micromedex\PDF\ASA Ischemic Stroke Guidelines Stroke 2007.pdf

[2009 ASA SAH Guidelines](#)

URL: Q:\Micromedex\PDF\ASA SAH Guidelines 2009.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	Details

capacity)

- | | |
|--|---------|
| <input checked="" 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 |
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VTE Prophylaxis

[VTE Prevention: Chest Journal](#)

URL: Q:\Micromedex\PDF\VTE Chest Guidelines 08.pdf

Heparin Subcutaneous - To begin 24 hours AFTER TPA infusion ends.

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| <input checked="" type="checkbox"/> Heparin- Pharmacy to dose - START 24 HOURS AFTER TPA infusion ends. | Pharmacy to dose heparin SQ for VTE prophylaxis, to begin 24 hours AFTER TPA infusion ends. |
| <input checked="" type="checkbox"/> heparin 5000 units subcutaneous q8 - to begin 24 hours AFTER TPA infusion ends. | 5000 Units, Subcutaneous, EVERY 8 HOURS Starting tomorrow at 5:00 AM |
| <input checked="" type="checkbox"/> heparin 5000 units subcutaneous BID- CONSIDER:q8h dosing is more effective however q12h dosing may offer less bleeding complications in the elderly, frail, and renally compromised - to begin 24 hours AFTER TPA infusion ends. | 5000 Units, Subcutaneous, 2 TIMES DAILY Starting tomorrow at 9:00 AM |
| <input checked="" type="checkbox"/> PLATELET COUNT q72h - CONSIDER: order on all patients on SQ heparin | Routine, EVERY 72 HOURS, Starting 6/25/10 For Until specified, Lab Performed, Discontinue platelet draws once SQ heparin prophylaxis is discontinued |

Enoxaparin (Lovenox) - to begin 24 hours AFTER TPA infusion ends.

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| <input checked="" type="checkbox"/> Pharmacy to dose enoxaparin (Lovenox) - to begin 24 hours AFTER TPA infusion ends. | Pharmacy to dose enoxaparin (LOVENOX) for VTE prophylaxis - begin 24 hours AFTER TPA infusion ends. |
| <input checked="" type="checkbox"/> enoxaparin (LOVENOX) 40mg daily- to begin 24 hours AFTER TPA infusion ends. | 40 mg, Subcutaneous, DAILY Starting tomorrow at 9:00 AM |
| <input checked="" type="checkbox"/> Platelet Count: CONSIDER: order on all patients on SQ enoxaparin (LOVENOX) | Routine, EVERY 72 HOURS, Starting 6/25/10 For Until specified, Lab Performed, Discontinue platelet draws once SQ lovenox prophylaxis is discontinued |

Non Pharmacologic Antiembolic Therapies

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| <input checked="" type="checkbox"/> SEQUENTIAL COMPRESSION STOCK | Routine, CONTINUOUS, Starting today For Until specified, AT ALL TIMES while in bed |
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Vital Signs and Neurological Checks

VITAL SIGNS

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| <input checked="" type="checkbox"/> VITAL SIGNS | Routine, UNTIL DISCONTINUED, Starting today For Until specified, every 15 mins for 2 hours, then every 30 minutes for 6 hours, then every hour for 16 hours post initiation of tPA infusion then per routine. |
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NEUROLOGICAL CHECKS

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| <input checked="" type="checkbox"/> NEUROLOGICAL CHECKS | Routine, UNTIL DISCONTINUED, Starting today For Until specified, Post Alteplase Infusion with vital signs |
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Activity

ACTIVITY

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| <input checked="" type="checkbox"/> BEDREST | Now, UNTIL DISCONTINUED, Starting today For 24 Hours |
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Dietary and Swallow Evaluations

Nurse Swallow Screen

<input checked="" type="checkbox"/> Nurse Swallow Screen	STAT, UNTIL DISCONTINUED, Starting today For Until specified, PRIOR TO ANY ORAL INTAKE
<input checked="" type="checkbox"/> If patient PASSES Nurse Swallow Screen...	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Order dysphagia 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 Speech Therapy consult.

IV Therapy

IV Fluids

<input checked="" type="checkbox"/> NS infusion	100 mL/hr, Intravenous, CONTINUOUS Starting today at 2:33 PM For 24 Hours
<input type="checkbox"/> NS with KCl 20 mEq/L infusion	100 mL/hr, Intravenous, CONTINUOUS Starting today at 2:33 PM For 24 Hours

Lab Orders

Hematology

<input checked="" type="checkbox"/> CBC	Routine, ONCE TOMORROW AM, Starting tomorrow at 4:00 AM For 1 Occurrences, Lab Performed
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Chemistry

<input type="checkbox"/> BASIC METABOLIC PANEL	Routine, ONCE TOMORROW AM, Starting today at 2:33 PM For 1 Occurrences, Lab Performed, .
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL	Routine, ONCE TOMORROW AM, Starting today at 2:33 PM For 1 Occurrences, Lab Performed
<input checked="" type="checkbox"/> Lipid Complete Panel	Routine, ONCE TOMORROW AM, Starting today at 2:33 PM For 1 Occurrences, Lab Performed, Fasting specimen
<input checked="" type="checkbox"/> HEMOGLOBIN A1C	Routine, ONCE TOMORROW AM, Starting today at 2:33 PM For 1 Occurrences, Lab Performed
<input type="checkbox"/> HOMOCYSTEINE	Routine, ONCE TOMORROW AM, Starting tomorrow For 1 Occurrences, Lab Performed

LABS- for patients experiencing neurological deterioration, new onset headache, nausea, vomiting, acute increase in blood pressure or bleeding

<input checked="" type="checkbox"/> CBC	STAT, PRN, Starting today For 1 Occurrences, Lab Performed, for patients experiencing neurological deterioration, new onset headache, nausea, vomiting, acute increase in blood pressure or bleeding
<input checked="" type="checkbox"/> FIBRINOGEN	STAT, PRN, Starting today For 1 Occurrences, Lab Performed, If neurological deterioration, new onset headache, nausea, vomiting, acute increase in blood pressure or bleeding
<input checked="" type="checkbox"/> APTT	STAT, PRN, Starting today For 1 Occurrences, Lab Performed, If neurological deterioration, new onset headache, nausea, vomiting, acute increase in blood pressure or bleeding
<input checked="" type="checkbox"/> PT-INR	STAT, PRN, Starting today, Lab Performed, If neurological deterioration, new onset headache,

<input checked="" type="checkbox"/> TYPE AND SCREEN	nausea, vomiting, acute increase in blood pressure or bleeding STAT, PRN, Starting today For 1 Occurrences, If neurological deterioration, new onset headache, nausea, vomiting, acute increase in blood pressure or bleeding
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Occult Blood

<input checked="" type="checkbox"/> OCCULT BLOOD GASTRIC ANALYSIS	STAT, PRN, Starting today For Until specified, Unit Performed
<input checked="" type="checkbox"/> OCCULT BLOOD STOOL IP	STAT, PRN, Starting today For Until specified, Unit Performed
<input checked="" type="checkbox"/> OCCULT BLOOD URINE	STAT, PRN, Starting today For Until specified, Clean Catch Urine, Lab Performed

Glucose Checks

<input type="checkbox"/> GLUCOSE (tube feedings)	Routine, EVERY 6 HOURS, Starting today For 48 Hours, Unit Performed, If on tube feedings for 48 hours
<input type="checkbox"/> GLUCOSE (oral diet)	Routine, 4 TIMES DAILY AC AND @ BEDTIME, Starting today with First Occurrence As Scheduled For 48 Occurrences, Unit Performed, If on oral diet

Diagnostic Tests**CARDIAC TESTS**

<input checked="" type="checkbox"/> EKG 12 LEAD UNIT PERFORMED	STAT, ONE TIME, Starting today For 1 Occurrences Indication for Exam: CVA/STROKE if not already done since symptom onset
<input checked="" type="checkbox"/> ECHO PER STROKE PROTOCOL	STAT, ONE TIME, Starting today For 1 Occurrences Portable Exam @ Bedside?: Yes Indication for Exam: STROKE Indications: stroke post TPA

Radiology Tests

<input checked="" type="checkbox"/> CHEST PORTABLE	Routine, ONCE, Starting today For 1 Occurrences Wet Read-Call Report?: No Portable Exam @ Bedside?: Yes Indication for exam: OTHER(SEE COMMENTS BOX) Indications: stroke, aspiration pneumonia If not performed in last 24 hours
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CT SCANS

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

MRAs

<input checked="" type="checkbox"/> MRA HEAD without CONTRAST	STAT, ONCE, Starting today For 1 Occurrences
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	Indication for Exam: STROKE Wet Read-Call Report?: No If not performed since symptom onset. COMPLETE safety screen form.
<input checked="" type="checkbox"/> MRA NECK with/without CONTRAST	STAT, ONCE, Starting today For 1 Occurrences Indication for Exam: STROKE Wet Read-Call Report?: No If not performed since symptom onset. COMPLETE safety screen form.

MRIs

<input checked="" type="checkbox"/> MRI HEAD with/without CONTRAST	Panel
<input checked="" type="checkbox"/> MR HEAD W/WO CONTRAST	Routine, ONCE, Starting today at 2:33 PM
<input type="checkbox"/> MRI HEAD without CONTRAST	Routine, ONCE, Starting today For 1 Occurrences Indication for Exam: STROKE Wet Read-Call Report?: No If not performed since symptom onset. COMPLETE safety screen form.

CTAs

<input type="checkbox"/> CT CTA HEAD, NECK	Routine, ONCE, Starting today For 1 Occurrences Indication for Exam: OTHER (SEE COMMENTS BOX) Wet Read-Call Report?: No
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Peripheral Vascular Labs

<input checked="" type="checkbox"/> PVL CAROTID ARTERY BILAT STROKE PROTOCOL	Routine, ONCE, Starting today For 1 Occurrences Indication for Exam: STROKE After 5 pm weekdays and on weekends, notify tech on call. Consider if MRA and/or CTA neck abnormal or neither ordered
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Consults**MD Consults**

<input type="checkbox"/> PALLIATIVE CARE CONSULT	Now Indication for Consult: Did a specific event trigger this consult?:
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DEPARTMENTAL CONSULTS

<input checked="" type="checkbox"/> CARE COORDINATION	Routine, ONE TIME, Starting today For 1 Occurrences Reason for CM Consult/Care Coordination?: SERVICES TO BE DETERMINED AT DISCHARGE
<input checked="" type="checkbox"/> OCCUPATIONAL THERAPY: EVALUATE (also order Tx)	STAT, ONE TIME (REHAB), Starting today For 1 Occurrences Indications?: stroke consult. Restrictions? Please add details in Comments: OTHER May be out of bed for treatment if systolic blood pressure GREATER than 110.
<input checked="" type="checkbox"/> OCCUPATIONAL THERAPY: TREAT (also order eval)	STAT, PER THERAPIST DISCRETION, Starting today For Until specified Indications?: stroke consult.

<input checked="" type="checkbox"/> PHYSICAL THERAPY: EVALUATE (also order Tx)	Restrictions? Please add details in Comments: OTHER May be out of bed for treatment if systolic blood pressure GREATER than 110. STAT, ONE TIME (REHAB), Starting today For 1 Occurrences Indications?: stroke consult. Restrictions? Please add details in Comments: OTHER May be out of bed for treatment if systolic blood pressure GREATER than 110.
<input checked="" type="checkbox"/> PHYSICAL THERAPY: TREAT(also order eval)	STAT, PER THERAPIST DISCRETION, Starting today For 1 Occurrences Indications?: stroke consult Restrictions? Please add details in Comments: OTHER May be out of bed for treatment if systolic blood pressure GREATER than 110.
<input checked="" type="checkbox"/> SPEECH EVALUATION (also order with Tx)	STAT, ONE TIME (REHAB), Starting today For 1 Occurrences Reason for SLP?: Indications: Language Pathology-aphasia, cognition, dysphagia NOTIFY dietician it patient fails swallow evaluation
<input checked="" type="checkbox"/> SPEECH TREATMENT(also order eval)	STAT, PER THERAPIST DISCRETION, Starting today For 1 Occurrences Reason for SLP?: Indications: Language Pathology-aphasia, cognition, dysphagia NOTIFY dietician it patient fails swallow evaluation
<input type="checkbox"/> PT/ST/OT NOT ORDERED DUE TO:	Reason:

Stroke Coordinator Consult (Required)

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

<input type="checkbox"/> REHAB 9TH FLOOR CONSULT (SNGH)	STAT, Indications: Stroke (This order is for 9B to evaluate the patient's candidacy for admission to SNGH rehab unit after discharge from the hospital) CONSULT MUST BE COMPLETED WITHIN 24 hours OF ADMISSION/ INITIATION OF THIS ORDER Nursing to call rehab unit
<input type="checkbox"/> PHYSICAL MEDICINE REHAB CONSULT (SVBGH)	Routine, Nurse to call IP Rehab Unit
<input type="checkbox"/> INPATIENT REHAB CONSULT (SWRMC)	Routine, Indications: Stroke Post Alteplase (tPA). CONSULT MUST BE COMPLETED WITHIN 24 hours OF ADMISSION/ INITIATION OF THIS ORDER Nursing to call rehab unit

Physician Notification**NURSE TO NOTIFY MD**

<input checked="" type="checkbox"/> NOTIFY MD...ASAP of bleeding and HOLD antithrombotics IMMEDIATELY	STAT, UNTIL DISCONTINUED, Starting today For Until specified, If neurologic deterioration, change in mental status, new onset headache, nausea, vomiting, pupillary changes, acute INCREASE in blood pressure or bleeding
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Nursing Orders

Nursing Interventions

<input checked="" type="checkbox"/> ASSESS- puncture sites	Routine, PRN, Starting today For Until specified, For bleeding or hematoma
<input type="checkbox"/> COOLING BLANKET	Routine, PRN, Starting today For Until specified, For temperature GREATER than 100.4 F
<input checked="" type="checkbox"/> INTAKE AND OUTPUT	Routine, UNTIL DISCONTINUED, Starting today For Until specified, Per nursing unit routine

Medications

Blood Pressure Management- patients WITHOUT CHF or COPD. Goal is to maintain blood pressure LESS than 180/105 before, during, and for 24 hours after alteplase infusion. Select only ONE

<input type="radio"/> labetalol (NORMODYNE) 5 mg/mL syringe - q10 minutes PRN	10 mg, IV PUSH, EVERY 10 MIN PRN Starting today at 2:33 PM For 30 Dose(s)
<input type="radio"/> nicardipine (CARDENE) in NS 20 mg/200 mL IV	5 mg/hr, Intravenous, CONTINUOUS-PRN Starting today at 2:33 PM

Blood Pressure Management- patients WITH CHF or COPD. Goal is to maintain blood pressure LESS than 180/105 before, during, and for 24 hours after alteplase infusion. Select only ONE

<input type="radio"/> enalaprilat (VASOTEC) injection	1.25 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="radio"/> nitroPRUSSide (NIPRIDE) 50 mg in D5W 250 mL Infusion	0.5 mcg/kg/min, Intravenous, CONTINUOUS Starting today at 2:33 PM

Antihyperlipidemic Medications

<input type="checkbox"/> atorvastatin (LIPITOR) tablet - 80 mg	80 mg, Oral, EVERY NIGHT AT BEDTIME Starting today at 9:00 PM
<input type="checkbox"/> simvastatin (ZOCOR) tablet - 10 mg	10 mg, Oral, EVERY NIGHT AT BEDTIME Starting today at 9:00 PM
<input type="checkbox"/> simvastatin (ZOCOR) tablet - 20 mg	20 mg, Oral, EVERY NIGHT AT BEDTIME Starting today at 9:00 PM
<input type="checkbox"/> simvastatin (ZOCOR) tablet - 30 mg	30 mg, Oral, EVERY NIGHT AT BEDTIME Starting today at 9:00 PM
<input type="checkbox"/> simvastatin (ZOCOR) tablet - 40 mg	40 mg, Oral, EVERY NIGHT AT BEDTIME Starting today at 9:00 PM

Antithrombotic Medications - To Begin 24 Hours After Alteplase Ends

<input type="checkbox"/> DO NOT ADMINISTER ANTITHROMBOTICS UNTIL 24 HOURS AFTER END OF TPA INFUSION	DO NOT ADMINISTER ANTITHROMBOTICS UNTIL 24 HOURS AFTER END OF TPA INFUSION
<input type="checkbox"/> aspirin chew tab - to begin 24 hours after end of t-PA infusion	162 mg, Oral, DAILY Starting tomorrow at 9:00 AM
<input type="checkbox"/> aspirin tablet - to begin 24 hours after end of t-PA infusion	325 mg, Oral, DAILY Starting tomorrow at 9:00 AM
<input type="checkbox"/> aspirin suppository - for patients that are NPO - to begin 24 hours after end of t-PA infusion	150 mg, Rectal, DAILY Starting tomorrow at 9:00 AM
<input type="checkbox"/> clopidogrel (PLAVIX) tablet - to begin 24 hours after end of t-PA infusion	75 mg, Oral, DAILY Starting tomorrow at 9:00 AM
<input type="checkbox"/> dipyridamole-aspirin (AGGRENEX) 200-25 mg capsule - to begin 24 hours after end of t-PA infusion	1 Cap, Oral, 2 TIMES DAILY Starting tomorrow at 9:00 AM
<input type="checkbox"/> warfarin (COUMADIN) - Pharmacy to dose - to begin 24 hours after end of t-PA infusion	Pharmacy to manage warfarin post-stroke, tPA given. Do NOT administer until 24 hours after end of t-PA (Alteplase) infusion. Goal INR: {MEDS WARFARIN

<input type="checkbox"/> ANTITHROMBOTIC THERAPY CONTRAINDICATED	INR GOAL:24504} Details
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Antiemetics

<input type="checkbox"/> metoCLOPramide (REGLAN) 10mg inj- not used in pregnancy	10 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> ondansetron (ZOFRAN) 4mg tablet	4 mg, Oral, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> ondansetron (ZOFRAN)4 MG tab, RAPID DISSOLVE	4 mg, Oral, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> ondansetron (PF) (ZOFRAN) 4 mg/2 mL injection	4 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> prochlorperazine (COMPAZINE) 10mg tablet	10 mg, Oral, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> prochlorperazine (COMPAZINE) 25mg suppository	25 mg, Rectal, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> prochlorperazine (COMPAZINE) 10mg injection	10 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> promethazine (PHENERGAN) 25mg tablet	25 mg, Oral, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> promethazine (PHENERGAN) 12.5mg suppository	12.5 mg, Rectal, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> promethazine (PHENERGAN) 25mg suppository	25 mg, Rectal, EVERY 6 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> promethazine (PHENERGAN) 12.5mg injection- preferred drug and dose in pregnancy	12.5 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 2:33 PM

General Medications

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, Oral, EVERY 4 HOURS PRN Starting today at 2:33 PM
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, Rectal, EVERY 4 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, Oral, 2 TIMES DAILY Starting today at 9:00 AM
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, IV PUSH, 2 TIMES DAILY Starting today at 9:00 AM
<input type="checkbox"/> omeprazole (PRILOSEC) capsule	40 mg, Oral, EVERY MORNING BEFORE BREAKFAST Starting today at 8:00 AM
<input type="checkbox"/> magnesium hydroxide (MILK OF MAGNESIA) 400mg/5ml suspension	30 mL, Oral, EVERY 24 HOURS PRN Starting today at 2:33 PM
<input type="checkbox"/> senna 6.5 % liquid	10 mL, Per NG tube, DAILY Starting today at 9:00 AM
<input type="checkbox"/> senna-docusate (SENOKOT-S) 8.6-50 mg	1 Tab, Oral, DAILY Starting today at 9:00 AM

Vaccines - consider in stroke patient with comorbidities (diabetes, CAD, PVD, COPD)

<input type="checkbox"/> influenza vaccine syringe (October 1 - March 31)	0.5 mL, Intramuscular, ONCE Starting today at 2:33 PM For 1 Dose(s)
<input type="checkbox"/> Influenza vaccine NOT indicated	Influenza vaccine NOT indicated
<input type="checkbox"/> pneumococcal vaccine (PNEUMOVAX) injection	0.5 mL, Intramuscular, ONCE Starting today at 2:33 PM For 1 Dose(s)
<input type="checkbox"/> Pneumococcal vaccine NOT indicated	Pneumococcal vaccine NOT indicated

Respiratory Orders**Respiratory**

OXYGEN (CANNULA/MASK)

Oxygen device: CANNULA

Liters per minute: 2 LPM

Keep oxygen saturation EQUAL to or GREATER than 95%. (If patient has COPD maintain oxygen saturation 90-94%)

For Administrative Purpose Only**DO NOT de-select item(s)** STROKE POST ALTEPLASE (tPA) INFUSION
ORDERSET- Version 5 released 5/4/10[Details](#)