**PHYSICIAN’S ORDER**
(EXCLUDING IV Fluids and MEDICATIONS)

**GENERAL**

ADMITTING PHYSICIAN

Date: ___________  Time: ________________

**DIAGNOSIS:** □ Ischemic  □ Hemorrhagic

ADMIT TO: □ ICU  □ STEP DOWN  □ TELEMISTRY

CONDITION: □ Stable □ Guarded □ Critical

**Code/Resuscitation Status**

□ Full Code  □ DNI/DNR  □ Other _________

**ALLERGIES:**  □ NKDA  □ _______________

**WEIGHT:** __________ kg

SEE INTERNAL MEDICINE ADMISSION ORDER SET FOR ADDITIONAL ORDERS

**NURSING ORDERS**

**Precautions**

□ Aspiration
□ Fall
□ Seizure
□ Bleeding
□ Call neurologist if any changes in neurologic status
□ Vital Signs q4Hrs
□ Neurochecks q __________ H
□ Head of Bed 30 degrees
□ Strict I/Os
□ Daily weights
□ Cardiac monitoring
□ Titrate O₂ therapy to keep O₂ sat ≥ _______% (see mechanical ventilator order set if intubated)
□ Insert foley per unit protocol, then reassess daily
□ SCDs for DVT Prophylaxis
□ TED HOSE STOCKINGS Prophylaxis
□ Range of motion all limbs □ q8H  □ TID
□ Other: _______________________________________

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

**INTRAVENTOUS FLUIDS**

□ 0.9% NaCl at ______ mL/hour
□ 0.45% NaCl at ______ mL/hour
□ OTHER: Fluid type: _________ at _________ ml/hr
□ Saline Lock

**MEDICATION ORDERS**

Anti-Hypertensives for acute blood pressure control

□ Labetalol 10mg IV push q ______ H
□ Metoprolol 5mg IV push q ______ H
□ Hydralazine 10mg IV push q ______ H

**Beta-Blockers**

Hold for SBP < ______ or HR < ________
□ Carvedilol (Coreg) _______ mg PO BID
□ Metoprolol tartrate (Lopressor) _______ mg PO BID
□ Other: ________________________

**ACE-inhibitors**

Hold for SBP < ______
□ Lisinopril (Zestril) _______ mg PO daily
□ Captopril (Capoten) _______ mg PO □ BID □ TID
□ Enalapril (Vasotec) _______ mg PO □ daily □ BID
□ Other: ________________________

**Angiotensin Receptor Blockers (ARB)**

Hold for SBP < ______
□ Losartan (Cozaar) _______ mg PO daily
□ Valsartan (Diovan) _______ mg PO daily
□ Other: ________________________

**Statins**

□ Atorvastatin (Lipitor) _______ mg PO daily
□ Pravastatin (Pravachol) _______ mg PO daily
□ Other: ________________________

**DO NOT USE:**

U  □ MS
IU □ MSO₄
Q.D. □ MgSO₄
Q.O.D. □ Trailing zero
Lack of leading zero

**Physician’s Initial**

**PATIENT ID LABEL**

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**Stroke Order Set**
Guam Memorial Hospital Authority
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# Physician's Order

## Lines, Drains, Airways
- Insert and maintain foley catheter
- Insert and maintain nasogastric tube
- Insert and maintain orogastric tube
- Maintain peripheral IV line/access

## Communication Orders
**Notify Provider Vital Signs**
- Temperature greater than 100.4 F
- SBP > 160  SBP < 90  DBP > 110
- RR > 24  RR < 8
- O2 saturation < 90%
- HR > 120  HR < 50
- UOP < 200 mL per shift
- OTHER: __________________

**Consultations (check all that apply):**
- Consult
- Consult
- Consult Social Work
- Consult Phys. Therapy
- Consult Occup. Therapy
- Consult Speech Therapy
- Consult Dietary
- Consult Pharmacy
- OTHER: __________________

## Laboratory
**Admission Labs - STAT if not done in E.D.**
- Complete Blood Count (CBC) with diff
- Basic Metabolic Panel (Chem 7)
- Complete Metabolic Panel (Chem 20)
- Calcium
- Magnesium

### INTRAVENOUS FLUID and Medication Orders

#### ALLERGY:

#### Ischemic Stroke Medication Panel (No antiplatelet administration for 24 hours after tPA administration)
- Thrombolytic (see thrombolytic checklist)
- Aspirin 325 mg PO x 1 STAT if not given in ER
- Aspirin 81 mg PO daily 300 mg PR daily
- Clopidogrel (Plavix) 75 mg PO daily
- Other: ____________________________

#### Blood Glucose Management
(see GMHA Hyperglycemia Protocol)
- Accucheks q _____ H
- Accucheks AC + HS
- Low Dose Insulin Sliding Scale
- Medium Dose Insulin Sliding Scale
- High Dose Insulin Sliding Scale
- Insulin Sliding Scale per MD (separate orders)
- Manage hypoglycemia per Hypoglycemia Protocol
- Other: ____________________________

#### Stress Ulcer Prophylaxis
- Pantoprazole (Protonix) 40 mg PO q24H
- Pantoprazole (Protonix) 40 mg IV push q24H
- Ranitidine (Zantac) 150 mg PO/OGT/NGT BID
- Omeprazole (Prilosec) 20 mg PO/OGT/NGT q24H
- OTHER: __________________________

#### VTE Prophylaxis
- Enoxaparin 40 mg SQ daily q12H
- Heparin 5000 units SQ q8H q12H
- Bilateral lower extremities SCDs
- TED hose to bilateral lower extremities
- OTHER: __________________________

### DO NOT USE:
- U  MS
- IU  MSO4
- Q.D. MgSO4
- Q.O.D. Trailiing zero
- Lack of leading zero

### PHYSICIAN'S ORDER

### INTRAVENOUS FLUID and Medication Orders

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**PHYSICIAN’S ORDER**  
(Cont. Laboratory)
- Phosphorus
- Liver function tests
- BNP
- Lipid panel
- Erythrocyte Sedimentation Rate (ESR)
- Toxicology Screen
- Hemoglobin A1c
- TSH T4
- Coags: PTT / PT / INR
- ABO Rh Type
- Urinalysis Screen with Reflex to Culture
- Troponins q6H x3 with EKG
  - Other: __________________

**IMAGING**
- STAT CXR
- STAT 12 lead EKG
- STAT CT head [ ] without contrast [ ] with contrast
  - Other: __________________

**AM LABS**  
(Date: __________)
- CBC With Auto Differential
- Basic Metabolic Panel (Chem7)
- Complete Metabolic Panel (Chem20)
- Coags: PT / APTT / INR
- Calcium
- Magnesium
- Phosphorus
- Liver function tests
- Troponins
  - Other: __________________

**DIAGNOSTIC STUDIES**  
(Date: __________)
- Repeat CT head [ ] without contrast [ ] with contrast
- CTA head, date: __________
- MRI [ ] without contrast [ ] with contrast
  - Date: __________
- Carotid Duplex, Bilateral
- Transthoracic Echocardiogram (TTE)
- Transesophageal Echocardiogram (TEE)

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**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

VTE Prophylaxis: If not ordered, document reason:
- VTE prophylaxis contraindicated due to the following: __________________

Physician: ____________________________

Date: ____________  Time: _____________

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**PHYSICIAN’S ORDER**

(Excluding IV Fluids and Medications)

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**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

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**Summary/Blanket orders are unacceptable.**

**Medication orders must be complete.**

**PRN medication orders must include an indication.**

**Write legibly.**

**Rewrite orders upon transfer and/or post-operatively.**

**Date, time, and sign verbal & telephone orders within 48 hours.**

**DO NOT USE:**

- U  MS
- IU  MSO₄
- Q.D.  MgSO₄
- Q.O.D.  Trailing zero
- Lack of leading zero

**Physician’s Initial**

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**Stroke Order Set**

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