

STANDING ADMISSION ORDERS CEREBRAL VASCULAR ACCIDENT

Admitting Physician: _____ **Date:** _____ **Time:** _____

Admit to Inpatient: Med/Surg Telemetry ICU

Place in Observation Services: Med/Surg Telemetry

Diagnosis: CVA: Type Ischemic Hemorrhagic TIA Other: _____

Consult: Neurology: _____
 Neurosurgery: _____
 Other: _____

Allergies:

Code Status: Full DNR

Vital Signs: Per unit protocol
 VS and Neuro checks every _____ minutes for _____ hrs, then every _____ minutes for _____ hrs
 (call MD with changes in neuro status)
 VS and Neuro checks every shift
 VS and Neuro check q _____ hrs
 Call for SBP more than _____ SBP less than _____ DBP more than _____ DBP less than _____
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only
 Turn every 2 hrs

Nursing: Daily weight Bleeding precautions Egg crate
 Intake & Output Decubitus precautions Aspiration precautions
 Foley to drainage HOB at 30 degrees Seizure precautions
 Pulse oximeter Every shift Sequential Compression Device (SCD)
 Twice a day
 Continuous overnight monitor
 Complete Fibrinolytic Checklist
 Glucose checks AC and qHS or every _____ hrs
 Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid Soft solids
 Pureed Cardiac Carbohydrate Controlled Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock Other: _____



Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 92%. DC if O2 sat greater than 93 % on RA
 Ventl Mask _____ % FIO2 100% NRB Other: _____

Protocols (if available): All protocol orders must be placed in chart
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring in included)
 Insulin Infusion Protocol (ICU patients only)

Labs: BMP CMP Magnesium Guaiac stool (if on anticoagulants)
 Fasting lipid profile TSH UA CBC ABG
 RPR ANA B12 ESR
 Other Labs: _____

Studies: CXray: Portable PA/Lateral
 EKG EEG Cerebral Arteriogram Echocardiogram Dr. _____ to read
 Transcranial doppler Carotid Doppler study MRA Brain with contrast
 Noncontrast CT Scan Head Swallow studies
 Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

<h3>TOWN & COUNTRY HOSPITAL</h3> <p>6001 Webb Road - Tampa, Florida 33615 - (813) 888 - 7060</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Ancillary Services:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Rehab Evaluation

Medications: (Check the appropriate box)

- Aspirin 325mg PO daily 162mg PO daily 81mg PO daily
- Aspirin/Extended-release Dipyridamole (Aggrenox) 25 mg / 200 mg PO every 12 hrs
- Dipyridamole (Persantin) 200mg PO daily
- Clopidogrel (Plavix) _____mg PO once daily
- Ticlopidine (Ticlid) 250mg PO BID
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs (renal dosing)
- Lisinopril (Zestril, Prinivil) 5mg PO daily 10mg PO daily. If allergic or intolerant to ACEI, use Losartan (Cozaar) 25mg PO daily.
Hold if SBP less than 90 mm or K+ greater or equal to 5.5 mmol/L or Creatinine greater or equal to 2.5.
- Simvastatin (Zocor) 40 mg PO, every night before bedtime
- Famotidine (Pepcid) 20 mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily PO once daily
- Nicotine _____mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting



Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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