STROKE NEW ONSET PLAN	**Patient Label Here**

PHYSICIAN ORDERS

Weight _____ **Allergies** _____

	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
ORDER	**ORDER DETAILS**
	Patient Care
	Accucheck ☐ ONE TIME
	Nursing Swallowing Screen ☐ Perform prior to PO intake. If pt fails swallow screening order Swallow Evaluation by Speech Language Pathology.
	Communication
	Notify Nurse (DO NOT USE FOR MEDS) ☐ **Activate Code Stroke via Hiplink***
	Notify Provider (Misc) ☐ Notify Primary Team, Reason: Signs and Symptoms of Stroke
	Notify Nurse (DO NOT USE FOR MEDS) ☐ Complete a Stroke Scale at onset of symptoms, at discharge, and with any change in neuro status.
	Notify Provider of VS Parameters (Notify Provider if VS) ☐ Temp > 101, RR > 24, RR < 10, SpO2 < 90, SBP > 220, SBP < 120, DBP > 120, DBP < 60, HR > 120, HR < 50
	Notify Provider (Misc) ☐ Reason: Deterioration of neurological status, problems swallowing, or signs of bleeding.
	Laboratory
	CBC with Differential ☐ STAT
	Comprehensive Metabolic Panel ☐ STAT
	Prothrombin Time with INR ☐ STAT
	PTT ☐ STAT
	Urinalysis ☐ STAT
	Perform pregnancy test if patient is premenopausal female **Beta HCG Serum Qualitative** ☐ STAT
	Diagnostic Tests
	EKG−12 Lead ☐ STAT, Stroke−TIA−Periph. Embolization (434.91)
	CT Head w/o ☐ STAT, Other (specify below), Code Stroke Protocol
	DX Chest PA & Lateral ☐ STAT, Other (specify below), Code Stroke Protocol

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

1201

1201

STROKE NEW ONSET PLAN	**Patient Label Here**

PHYSICIAN ORDERS	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
ORDER	**ORDER DETAILS**
	VL Carotid Doppler (Vascular Lab)
	Physical Medicine and Rehab
	Consult Speech Therapy for Eval & Treat ☐ Other, Stroke New Onset Evaluation
	Consult PT Mobility for Eval & Treat ☐ Other, Stroke New Onset Evaluation
	Consult Occ Therapy for Eval & Treat ☐ Other, Stroke New Onset Evaluation
	Consults/Referrals
	Consult MD ☐ Service: Neurology, Reason: Possible New Onset of Stroke within 3 hours

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____