

EDP Stroke (Suspected) Powerplan

Stroke (Suspected) (Initiated Pending), Ordered as: EDP Stroke (Suspected)		
<input checked="" type="checkbox"/> Vital Signs/Monitoring		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Cardiorespiratory monitor (CR monitor)	Select an order sentence
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood Pressure	Select an order sentence
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen Saturation	
<input checked="" type="checkbox"/> Nutrition/Diet		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NPO Diet Instructions	Full NPO start time T;N
<input checked="" type="checkbox"/> Nursing		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> IV placement	Minimum 22 gauge (for small child) IV in the AC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Call Provider (Notify Provider)	Notify Provider if BP is outside range for age.
<input checked="" type="checkbox"/> Consults/Therapy		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Consult to Neurology	Stat, Reason for consult: Stroke Alert
<input checked="" type="checkbox"/> Laboratory		
<input type="checkbox"/>	<input checked="" type="checkbox"/> hCG Qual Urine	Urine, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> CBC w/Differential	Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Basic Metabolic Panel	Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Prothrombin Time(Prottime)/INR	Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> PTT - One Time Order	Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fibrinogen	Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> D Dimer	Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sed Rate (ESR (Sed Rate))	Blood
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood glucose monitoring POC (Glucose monitoring POC)	1 time only
<input type="checkbox"/>	<input checked="" type="checkbox"/> Drug Screen, Comp Urine (>150 Drugs) \$	Urine
<input type="checkbox"/> Blood Bank		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Type and Screen	
<input type="checkbox"/> Radiology		
<input type="checkbox"/>	<input checked="" type="checkbox"/> MRI Brain w/o Contrast	Stat, Reason: Stroke/Hemorrhage Stroke Alert Series
<input type="checkbox"/>	<input checked="" type="checkbox"/> MRA Head w/ Contrast	Stat, Reason: Eval Vasculature Stroke Alert Series
<input type="checkbox"/>	<input checked="" type="checkbox"/> CT Head or Brain w/o Contrast	Stat, Reason: Stroke/Hemorrhage Stroke Alert Series
<input type="checkbox"/>	<input checked="" type="checkbox"/> CT Angiography Head	Stat, Reason: Eval Vasculature, Other Reason: Stroke Alert Series
<input type="checkbox"/>	<input checked="" type="checkbox"/> CT Angiography Neck	Stat, Reason: Eval Vasculature, Other Reason: Stroke Alert Series
<input type="checkbox"/> Diagnostic Tests/Procedures		
<input type="checkbox"/>	<input checked="" type="checkbox"/> ECG 12 Lead (Portable Machine) (EKG 12 Lead (Portable Machine))	Stat, Reason for ECG: Other: Use Order Comments tab Stroke evaluation for arrhythmia
<input type="checkbox"/> Continuous Medications/Fluids		
<input type="checkbox"/>	<input checked="" type="checkbox"/> sodium chloride 0.9%	1,000 mL
<input type="checkbox"/>	<input checked="" type="checkbox"/> dextrose 5% with 0.9% NaCl	1,000 mL
<input type="checkbox"/> Medications		
Below should ONLY be selected under the direction of Neurology for patients in the ED and PICU		
<input type="checkbox"/>	<input checked="" type="checkbox"/> alteplase (alteplase 1mg/mL BOLUS)	0.09 mg/kg, IV Push, 1 time only, *Loading dose (10% of 0.9mg/kg) over 5 minutes* Do not start before confirming blood pressure within acceptable range for alteplase.
<input type="checkbox"/>	<input checked="" type="checkbox"/> alteplase (alteplase 1mg/mL Intermittent)	0.81 mg/kg, IV, infuse over 60 minute(s), 1 time only, (90% of 0.9mg/kg/dose) Do not start before confirming blood pressure within acceptable range for alteplase.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Vital signs	With Alteplase infusion: every 15 minutes x 2 hours, then every 30 minutes x 6 hours then every hour x 16 hours.
<input type="checkbox"/>	<input checked="" type="checkbox"/> hydrALAZINE (hydrALAZINE injectable)	0.1 mg/kg, IV Push, 1 time only, PRN Blood Pressure, 3 dose(s) IV push over 1 to 2 minutes. May repeat every 20 minutes x 3 doses.