

Subarachnoid Hemorrhage (SAH) (Non-Traumatic) Addendum [1930]

Height _____
Weight _____
Allergies _____

General

Notify Provider [231714]

| | |
|---|---|
| <input checked="" type="checkbox"/> Notify provider (subarachnoid hemorrhagic stroke patients) [NUR183] | Routine, Until discontinued, Starting S Pulse greater than: Pulse less than: Respiratory rate less than: Respiratory rate greater than: Temperature greater than (celsius): 38 Urine output less than (mL/hr): Systolic BP greater than: 170 Systolic BP less than: 100 Diastolic BP greater than: Diastolic BP less than: MAP less than (mmHg): 70 Other: Initial NIH score and any increase of 2 points. |
|---|---|

Diet/Nutrition [231692]

| | |
|---|---|
| <input checked="" type="checkbox"/> Diet NPO [DIET41] | Diet effective now, Starting S NPO: Yes Until swallow screen is completed by RN. If patient fails screen, continue NPO and seek out order for SLP swallow eval. |
|---|---|

Activity [231693]

| | |
|---|--|
| <input checked="" type="checkbox"/> Elevate head of bed [NUR51] | STAT, Until discontinued, Starting S Elevate HOB: 30 degrees or greater |
| <input checked="" type="checkbox"/> Bed rest [NUR162] | Routine, Until discontinued, Starting S |

Provider's Initial: _____



Nursing Interventions [231716]

| | |
|---|--|
| [X] Do not give anticoagulants/antiplatelets [NUR185] | Routine, Until discontinued, Starting S, (including but not limited to: warfarin, aspirin, plavix, lovenox, heparin, pradaxa, xarelto, eliquis, effient, aggrenox) |
| [X] Complete NIH Stroke Scale [NUR185] | STAT, Once For 1 Occurrences, NIH Stroke Scale on admission, pre-treatment, post-treatment, 24 hours, handoff, discharge, and with any changes in neurological status. Notify Provider of initial score and any increase of 2 points, and full NIH at discharge. |
| [] Nursing Neuro Checks [NUR185] | Routine, Until discontinued, Starting S Every 15 min for: 2 hours Every 30 min for: 3 hours |
| [X] Nursing Neuro Checks [NUR185] | Routine, Until discontinued, Starting S Every: 1 hour For: 4 hours Then every: 4 hours Every hour for 4 hours then every 4 hours until discontinued starting today. |
| [] Frequent vital signs [NUR2069] | Indication: Q15 minutes x (# of occurrences): 8 Q30 minutes x (# of occurrences): 6 Until discontinued, Starting S |
| [X] Frequent vital signs [NUR2069] | Indication: Q15 minutes x (# of occurrences): Q30 minutes x (# of occurrences): Q1 hour x (# of occurrences): 4 Q2 hours x (# of occurrences): Q4 hours x (# of occurrences): Then: Per unit routine Until discontinued, Starting S |
| [X] Aneurysm Precautions [NUR185] | Routine, Until discontinued, Starting S, Dark, quiet room, limited interruptions |
| [X] Strict intake and output [NUR618] | Routine, Every hour For Until specified, Maintain euvolemia |

Provider's Initial: _____

Dysphagia Screen [231682] _____ REQUIRED


| | |
|--|---|
| <input type="checkbox"/> Speech and Language Pathology Evaluation and Treat [SLP2] | Routine, Once Type? Bedside swallow Provider exam finds dysarthria, facial droop, brainstem stroke, or altered level of consciousness. |
| <input checked="" type="checkbox"/> Bedside RN Swallow Screen [NUR86] | Routine, Once For 1 Occurrences, If bedside Swallow Screen has not already been completed and documented "pass or fail." If pass, give oral medications. If fail, make patient NPO until speech pathology evaluation. |

Consults

Ancillary Consults [120671]

| | |
|---|---|
| <input type="checkbox"/> Patient at neurological baseline therapy services not indicated [NUR185] | Routine, Until discontinued, Starting S |
| <input checked="" type="checkbox"/> PT eval and treat [PT4] | REQUIRED |
| | Routine, Once Reason for PT? (out of bed as tolerated) |
| <input checked="" type="checkbox"/> OT eval and treat [OT1] | REQUIRED |
| | Routine, Once Reason for OT? (out of bed as tolerated) |
| <input type="checkbox"/> Speech and language pathology eval and treat – Cognitive [SLP2] | Routine, Once Type? Communication/Cognition Communication/Cognitive evaluation. |
| <input type="checkbox"/> Inpatient consult to Dietary [CON34] | REQUIRED |
| | Reason for Consult? |
| <input checked="" type="checkbox"/> Inpatient consult to Care Management [CON583] | Home Health needed: DME Needed: Post Acute placement: Other Needs: Reason for Consult? |
| <input checked="" type="checkbox"/> Notify Stroke Coordinator [NUR185] | Routine, Until discontinued, Starting S, Complete and fax admission notification sheet to Neuroscience Administration #253-426-6282 |
| <input checked="" type="checkbox"/> Consult Pharmacy [CON100] | Routine, Once |

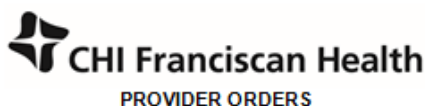
Provider's Initial: _____

| | | |
|---|---|----------------------------|
| <p>Page 3 of 12 Subarachnoid Hemorrhage (SAH) (Non-Traumatic) Addendum [1930]</p> <p>(10/10/16)</p> |  <p>CHI Franciscan Health PROVIDER ORDERS</p> | <p>PATIENT INFORMATION</p> |
|---|---|----------------------------|

Physician Consults [120670]

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Inpatient consult to Neurology [CON9] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Neurosurgery [CON10] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Neurointerventional Radiology [CON580] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Physical Medicine Rehab [CON17] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Cardiology [CON43] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Vascular Surgery [CON40] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Hematology [CON57] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Palliative Care [CON27] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Critical Care Medicine [CON513] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to FIT Team [CON25] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to SOUND Team [CON251] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |
| <input type="checkbox"/> | Inpatient consult to Group Health [CON581] | _____ REQUIRED |
| | | Reason for Consult? RN/Secretary to contact the consulting provider? Yes |

Provider's Initial: _____



Labs

Chemistry [166502]

| | | |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> | Comprehensive metabolic panel [LAB17] | Once For 1 Occurrences |
| <input type="checkbox"/> | Basic metabolic panel [LAB15] | Once |
| <input type="checkbox"/> | Basic metabolic panel [LAB15] | Every 6 hours |
| <input checked="" type="checkbox"/> | Fasting Lipid panel [LAB18] | Morning draw For 1 Occurrences |
| <input type="checkbox"/> | Troponin I [LAB747] | Timed Study Elevated troponin is associated with increased mortality. |
| <input type="checkbox"/> | Glucose, POC [LAB3582] | Routine, Every 6 hours, RN may discontinue if HgbA1C is normal and no POCT glucose is greater than 140 times 3. |
| <input type="checkbox"/> | Drug screen panel 1, serum [LAB678] | Once For 1 Occurrences |

Hematology [231695]

| | | |
|-------------------------------------|-------------------------------|------------------------|
| <input type="checkbox"/> | CBC and differential [LAB293] | Once For 1 Occurrences |
| <input checked="" type="checkbox"/> | Hemoglobin A1c [LAB90] | Once For 1 Occurrences |

Urine [166537]

| | | |
|--------------------------|-----------------------------------|------------------------|
| <input type="checkbox"/> | Pregnancy, urine [LAB437] | Once For 1 Occurrences |
| <input type="checkbox"/> | Rapid drug screen, urine [LAB676] | Once For 1 Occurrences |

Coagulation [231667]

| | | |
|--------------------------|--|-------------------------------------|
| <input type="checkbox"/> | Coagulation [231668] | |
| <input type="checkbox"/> | Protime-INR [LAB320] | STAT For 1 Occurrences |
| <input type="checkbox"/> | Activated partial thromboplastin time [LAB325] | STAT For 1 Occurrences |
| <input type="checkbox"/> | Thrombin time [LAB324] | STAT For 1 Occurrences |
| <input type="checkbox"/> | Fibrinogen [LAB314] | STAT For 1 Occurrences |
| <input type="checkbox"/> | Consult to Pharmacy (for reversal of anticoagulation) [CON100] | _____ REQUIRED STAT, Once |

Provider's Initial: _____

Imaging

Note to providers: If GFR is decreased and patient requires IV contrast study, consider hydrating patient using Hydration order for reducing risk of Radiocontrast induced nephrotoxicity physician order set #683

Imaging - MRI [231700]

| | |
|---|-----------------|
| <input type="checkbox"/> MRI Brain with and without IV Contrast [IMG271] | REQUIRED |
| Routine, 1 time imaging For 1 Reason for Exam: What is the contrast route? Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode: | |

Imaging - Vascular Studies [231696]

| | |
|--|-----------------|
| <input type="checkbox"/> CT Head without IV Contrast [IMG181] | REQUIRED |
| Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode: | |
| <input type="checkbox"/> CT Angiogram Head with and or without IV Contrast [IMG786] | REQUIRED |
| Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode: | |
| <input type="checkbox"/> CT Angiogram Neck with and or without IV Contrast [IMG199] | REQUIRED |
| Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode: | |
| <input type="checkbox"/> Vascular Transcranial Doppler Complete [VAS112] | REQUIRED |
| Routine, 1 time imaging For 1 Occurrences Reason for Exam: Transport Mode: Is this exam to be performed in cardiology or radiology? | |
| <input type="checkbox"/> Vascular Carotid Duplex Bilateral [VAS91] | REQUIRED |
| Routine, 1 time imaging For 1 Occurrences Reason for Exam: Transport Mode: Is this exam to be performed in cardiology or radiology? | |

Provider's Initial: _____

Imaging - Cardiac Studies [231683]

| | | |
|---|--|-----------------|
| <input checked="" type="checkbox"/> Cardiac monitoring [NUR436] | Routine, Until discontinued, Starting S Telemetry Indication: Continuous Cardiac Monitoring for a min of 24 hours, continue cardiac monitoring for suspected cryptogenic stroke. | REQUIRED |
| <input type="checkbox"/> ECG 12 lead [ECG1] | Routine, Once Reason for Exam (Signs & Symptoms): Reason for Exam (Signs & Symptoms): | REQUIRED |
| <input type="checkbox"/> Echocardiogram 2D Complete [ECH10] | Routine, 1 time imaging Reason for Exam: Bubble Study: Yes Contrast: Where should test be performed? Transport Mode: Preferred Interpreter: | REQUIRED |

IV Fluids

IV Fluids (Single Response) [408000013]

| | |
|---|---|
| <input type="checkbox"/> sodium chloride 0.9% (NS) infusion [27838] | 100 mL/hr, IntraVENous, Continuous |
| <input type="checkbox"/> Saline Lock and Flush Panel [408130108] | |
| <input type="checkbox"/> sodium chloride 0.9 % syringe [7319] | 10 mL, IntraCatheter, Every 8 hours, STAT |
| <input type="checkbox"/> Saline lock IV [IVT11] | STAT, Continuous |

Medications

Provider to discontinue patient's home blood pressure medication regimen and all sleep aids.

Subarachnoid Hemorrhage [231704]

| | |
|--|----------------------------------|
| <input checked="" type="checkbox"/> niMODipine (NIMOTOP) capsule [10722] | 60 mg, Oral, Every 4 hours, STAT |
|--|----------------------------------|

Pharmacy Communication [408000049]

| | |
|---|-----------------------------------|
| <input checked="" type="checkbox"/> Mix all piggybacks in 0.9% sodium chloride (Normal Saline) [CON100] | Routine, Once For Until specified |
|---|-----------------------------------|

Provider's Initial: _____

Antipyretic [40800020]

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | acetaminophen oral or rectally [231664] | "Or" Linked Panel |
| <input type="checkbox"/> | acetaminophen (TYLENOL) tablet [101] | 650 mg, Oral, Every 6 hours PRN, temperature, Temp > 37.6 C or 99.6 F If unable to take PO use suppository. Goal temperature is normal 37.0 C or 98.6 F. |
| <input type="checkbox"/> | acetaminophen (TYLENOL) suppository [105] | 650 mg, Rectal, Every 6 hours PRN, temperature, Temp > 37.6 C or 99.6 F Goal temperature is normal 37.0 C or 98.6 F. |

Anti-hypertensive [231666]

| | | |
|----------------------------------|--|--|
| <input type="checkbox"/> | Anti-hypertensive: FIRST CHOICE (Single Response) [200423] | |
| <input type="checkbox"/> | labetalol (TRANDATE) injection [10372] | 10 mg, IntraVENous, As needed, high blood pressure, see admin instructions, For 2 Doses Infuse over 2 minutes. May repeat times 1 after 10 minutes if drip not available. Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg. |
| <input type="checkbox"/> | enalaprilat (VASOTEC) injection [9929] | 0.625 mg, IntraVENous, As needed, high blood pressure, see admin instructions May repeat times 1 dose in 1 hour, then 0.625 mg IV every 6 hours PRN to maintain BP goal. Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg. |
| Provider's Initial: _____ | | |

[] Anti-hypertensive: SECOND CHOICE (Single Response)
[155078]

| | |
|---|--|
| <p>() labetalol (TRANDATE) injection [10372]</p> | <p>10 mg, IntraVENous, As needed, high blood pressure, see admin instructions, For 2 Doses May repeat times 1 after 10 minutes if drip not available. Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg.</p> |
| <p>() enalaprilat (VASOTEC) injection [9929]</p> | <p>0.625 mg, IntraVENous, As needed, high blood pressure, see admin instructions May repeat times 1 dose in 1 hour, then 0.625 mg IV every 6 hours PRN to maintain BP goal. Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg.</p> |

Anti-hypertension Infusion [231717]

NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

| | |
|--|--|
| <p>[] niCARDipene (CARDENE) infusion [400763]</p> | <p style="text-align: right;">REQUIRED</p> <p>5 mg/hr, IntraVENous, Titrated Antihypertensive IV: {Please select from list:40800002} Titrate to desired BP (blood pressure) goal by increasing dose by 2.5 mg/hour every 5 minutes to a maximum dose of 15 mg/hour as needed to maintain BP goal. (Requires PCU level of care) The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg.</p> |
| <p>[] labetalol (NORMODYNE) infusion [400483]</p> | <p style="text-align: right;">REQUIRED</p> <p>2 mg/min, IntraVENous, Titrated Antihypertensive IV: {Please select from list:40800002} Titrate to desired BP (blood pressure) goal by increasing dose by 1 to 2 mg/minute every 10 minutes up to a maximum dose of 8 mg/minute as needed to maintain BP goal. (Requires ICU level of care) The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg.</p> |

Provider's Initial: _____

Antihypertensive Oral (Single Response) [231719]

NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If orders ineffective, #2 will be used next. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

| | |
|---|---|
| <input type="checkbox"/> cloNIDine (CATAPRES) tablet [1755] | REQUIRED 0.1 mg, Oral, Every 6 hours PRN, to maintain BP goal Med choice: {Please select from list:40800002} The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg. |
| <input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet [13089] | REQUIRED 2.5 mg, Oral, Every 12 hours PRN, to maintain BP goal Med choice: {Please select from list:40800002} Do not give if patient already receiving IV enalapril (Vasotec). The goal systolic blood pressure for subarachnoid hemorrhage is less than 160 mmHg. |

Hypotension Infusion [408000014]

| | |
|--|---|
| <input type="checkbox"/> phenylephrine (NEO-SYNEPHRINE) infusion 0.08 mg/mL [400764] | 60 mcg/min, IntraVENous, Titrated Titrate to desired BP goal by increasing dose by 10-20 mcg/minute every 10 minutes to a maximum dose of 180 mcg/minute (Requires ICU level of care). |
|--|---|

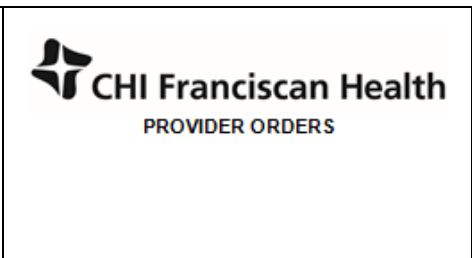
Acid Reduction Therapy [408000021]

| | |
|--|---|
| <input type="checkbox"/> Famotidine IV or PO [408000018] | "Or" Linked Panel |
| <input type="checkbox"/> famotidine (PEPCID) tablet [10011] | 20 mg, Oral, 2 times daily |
| <input type="checkbox"/> famotidine (PEPCID) IV syringe [122822] | 20 mg, IntraVENous, at 300 mL/hr, 2 times daily |

Statin Therapy (Single Response) [408000019] _____ **REQUIRED**

| | |
|---|----------------------------|
| <input type="checkbox"/> atorvastatin (LIPITOR) tablet [170660] | 10 mg, Oral, Nightly |
| <input type="checkbox"/> atorvastatin (LIPITOR) tablet [170660] | 20 mg, Oral, Nightly |
| <input type="checkbox"/> atorvastatin (LIPITOR) tablet [170660] | 40 mg, Oral, Nightly |
| <input type="checkbox"/> Do NOT give statin medication [COR24] | REQUIRED Due to: |

Provider's Initial: _____



Antiepileptic Medications [231699]

Antiepileptic medications should not be ordered prophylactically. Patient with clinical seizures and patients with changes in mental status and are found to have electrographic seizures on EEG should be treated with antiepileptic drugs.

| | |
|--|--|
| <input checked="" type="checkbox"/> LORazepam (ATIVAN) 2 mg/mL injection [10467] | 1 mg, IntraVENous, As needed, other, To terminate active seizures, For 1 Doses |
|--|--|

VTE Risk Assessment & Orders

VTE Prophylaxis Orders [166547]

Select the VTE Risk & Bleeding Level for your patient. Additional Orders will display for selection.

0-1 Risk Score & LOW or HIGH Bleeding Risk [231701]

| | |
|--|---|
| <input type="checkbox"/> Low Risk of VTE [COR41] | Early ambulation - No mechanical or pharmacological VTE prophylaxis required. VTE Risk Level Very Low to Low. |
|--|---|

2-5 Risk Score & LOW Bleeding Risk [SCDs - enoxaparin - heparin] [231702]

For Patients with a VTE Risk score of 5 or more, choose SCDs and Pharmacological Prophylaxis.

| | |
|---|---|
| <input type="checkbox"/> enoxaparin (LOVENOX) injection [520296] | 40 mg, SubCutaneous, Daily |
| <input type="checkbox"/> heparin (porcine) injection 5,000 units/mL [10181] | 5,000 Units, SubCutaneous, 3 times daily |
| <input type="checkbox"/> Pharmacy Consult - Alternate Dosing/Alternate Medications [400993] | See admin instructions REQUIRED |
| <input type="checkbox"/> Apply Sequential Compression Device [NUR815] | Routine, Until discontinued, Starting S Sequential Compression Device (SCD) - Extremity: Lower Extremity (Leg) Sequential Compression Device (SCD) - Height: Knee high Sequential Compression Device (SCD) - Location: Bilateral May use SCD's in place of medications. |

2-5 Risk Score & High Bleeding Risk [SCDs] [174028]

| | |
|--|---|
| <input checked="" type="checkbox"/> Apply Sequential Compression Device [NUR815] | Routine, Until discontinued, Starting S Sequential Compression Device (SCD) - Extremity: Lower Extremity (Leg) Sequential Compression Device (SCD) - Height: Knee high Sequential Compression Device (SCD) - Location: Bilateral |
|--|---|

Provider's Initial: _____

Reason for no VTE Prophylaxis [166553]

Reason for no mechanical VTE prophylaxis [COR25] Reason: Unable to wear due to size or injury

Reason for no pharmacologic VTE prophylaxis (Absolute / Relative contraindications) [COR25] **REQUIRED**
Reason:
Fully anticoagulated NOTE: Effective anticoagulation regimen(s) include warfarin adjusted to minimum INR 2-3, rivaroxaban (Xarelto), dabigatran (Pradaxa), heparin/argatroban/bivalirudin infusions, enoxaprin 1.5 mg/kg daily / 1 mg/kg every 12 hours / 1 mg/kg every 24 hours for CrCl less than 30 ml/minute.

Continuing Prior to Admission VTE Pharmacologic Prophylaxis [COR25] **REQUIRED**
Reason for no VTE prophylaxis or only Graduated Compression Stockings at admission?

Labs [123477]

If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.

CBC, no diff (hemogram) [LAB294] Every 72 hours
If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.

DATE

TIME

ORDERING PROVIDER PRINT NAME

PROVIDER SIGNATURE

DATE

TIME

RN ACKNOWLEDGED

