**AHA/ASA 2013 Early Management of Acute Ischemic Stroke Guidelines**

Class I Level C recommendations for management of arterial hypertension in patients not undergoing reperfusion strategies (including IV TPA and endovascular): Reasonable goal is to lower blood pressure by 15% during the first 24 hours after onset of stroke. Medication should be withheld unless the systolic blood pressure is greater than 220 mmHg or the diastolic blood pressure is greater than 120 mm Hg.

**AHA/ASA 2013 Early Management of Acute Ischemic Stroke guidelines** state arterial hypotension in acute ischemic stroke patients is associated with poor outcomes in multiple studies. The definition of hypotension needs to be individualized for each patient based on premorbid blood pressure.

**Notify Provider [166465]**

- Routine, Until discontinued, Starting S
- Pulse greater than: 180
- 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: 180
- Systolic BP less than: 120
- Diastolic BP greater than: 105
- Diastolic BP less than: 60
- MAP less than (mmHg): 60
- Other:
- Initial NIH score and any increase of 2 points.

**Diet/Nutrition [120664]**

- 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.

Provider's Initial: __________
### Activity [231678]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| [X] Elevate head of bed [NUR51] | Routine, Until discontinued, Starting S  
Elevate HOB: 30 degrees or greater |
| [ ] Bed rest [NUR162] | Routine, Until discontinued, Starting S |
| [ ] Activity as tolerated [NUR129] | Routine, Until discontinued, Starting S |

### Nursing Interventions [120665]

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Complete NIH Stroke Scale [NUR2056]</td>
<td>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.</td>
</tr>
</tbody>
</table>
| [ ] 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 |

**Provider's Initial:** __________

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Page 2 of 12  
Ischemic Stroke/TIA Addendum Orders  
[30400593]  
(10/10/16)
## Dysphagia Screen [231682]

- **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.

- **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]

- **Patient at neurological baseline therapy services not indicated [NUR185]**
  - Routine, Until discontinued, Starting S

- **PT eval and treat [PT4]**
  - Routine, Once
  - Reason for PT?
    - (out of bed as tolerated)

- **OT eval and treat [OT1]**
  - Routine, Once
  - Reason for OT?
    - (out of bed as tolerated)

- **Speech and language pathology eval and treat – Cognitive [SLP2]**
  - Routine, Once
  - Type? Communication/Cognition
  - Communication/Cognitive evaluation.

- **Inpatient consult to Dietary [CON34]**
  - Routine, Once
  - Reason for Consult?

- **Inpatient consult to Care Management [CON583]**
  - Routine, Until discontinued, Starting S
  - Home Health needed:
  - DME Needed:
  - Post Acute placement:
  - Other Needs:
  - Reason for Consult?

- **Notify Stroke Coordinator [NUR185]**
  - Routine, Until discontinued, Starting S
  - Complete and fax admission notification sheet to Neuroscience Administration #253-426-6282

- **Consult Pharmacy [CON100]**
  - Routine, Once

### Provider’s Initial: __________
# Ischemic Stroke/TIA Addendum Orders

**Provider’s Initial:** ____________

<table>
<thead>
<tr>
<th>Inpatient Consult To</th>
<th>Reason for Consult?</th>
<th>RN/Secretary to contact the consulting provider?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurology [CON9]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Neurosurgery [CON10]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Neurointerventional Radiology [CON580]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Physical Medicine Rehab [CON17]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiology [CON43]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Vascular Surgery [CON40]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Hematology [CON57]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Palliative Care [CON27]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Critical Care Medicine [CON513]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>FIT Team [CON25]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>SOUND Team [CON251]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
<tr>
<td>Group Health [CON581]</td>
<td>REQUIRED</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Labs

**Chemistry [120689]**

[X] Fasting lipid panel [LAB18]  
  *Once*

[X] POCT glucose [POC10]  
  *Routine, Every 6 hours, RN may discontinue if HgbA1C is normal and no POCT glucose is greater than 140 times 3.*

**Hematology [120691]**

[X] Hemoglobin A1c [LAB90]  
  *Once For 1 Occurrences*

### 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/MRA [120695]**

[X] MRI Brain without IV Contrast [IMG269]  
  *Routine, 1 time imaging For 1  
  Reason for Exam:  
  Is the patient pregnant?  
  What is the patient's sedation/anesthesia requirement?  
  Transport Mode:*

[ ] MRI Angiogram Head without IV Contrast [IMG263]  
  *Routine, 1 time imaging For 1  
  Reason for Exam:  
  Is the patient pregnant?  
  What is the patient's sedation/anesthesia requirement?  
  Transport Mode:*

[ ] MRI Angiogram Neck without IV Contrast [IMG266]  
  *Routine, 1 time imaging For 1  
  Reason for Exam:  
  Is the patient pregnant?  
  What is the patient's sedation/anesthesia requirement?  
  Transport Mode:*

**Imaging - CTA/Carotid Doppler [120694]**

[ ] CT Angiogram Head with and or without IV Contrast [IMG786]  
  *Routine, 1 time imaging For 1  
  Reason for Exam:  
  Is the patient pregnant?  
  What is the patient's sedation/anesthesia requirement?  
  Transport Mode:*

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Provider's Initial: ____________
<table>
<thead>
<tr>
<th>CT Angiogram Neck with and or without IV Contrast [IMG199]</th>
<th>Routine, 1 time imaging For 1 Occurrences Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Carotid Duplex Bilateral [VAS91]</td>
<td>Routine, 1 time imaging For 1 Reason for Exam: Transport Mode: Is this exam to be performed in cardiology or radiology?</td>
</tr>
<tr>
<td><strong>Imaging - Cardiac Studies [231683]</strong></td>
<td></td>
</tr>
<tr>
<td>[X] Cardiac monitoring [NUR436]</td>
<td>Routine, Until discontinued, Starting S Telemetry Indication: Continuous Cardiac Monitoring for a min of 24 hours, continue cardiac monitoring for suspected cryptogenic stroke.</td>
</tr>
<tr>
<td>[] ECG 12 lead [ECG1]</td>
<td>Routine, Once Reason for Exam (Signs &amp; Symptoms):</td>
</tr>
<tr>
<td>[] Echocardiogram 2D Complete [ECH10]</td>
<td>Routine, 1 time imaging Reason for Exam: Bubble Study: Yes Contrast: Where should test be performed? Transport Mode: Preferred Interpreter:</td>
</tr>
<tr>
<td><strong>IV Fluids</strong></td>
<td></td>
</tr>
<tr>
<td>IV Fluids (Single Response) [408000013]</td>
<td></td>
</tr>
<tr>
<td>() sodium chloride 0.9% (NS) infusion [27838]</td>
<td>100 mL/hr, IntraVENous, Continuous</td>
</tr>
<tr>
<td>() Saline Lock and Flush Panel [408130108]</td>
<td></td>
</tr>
<tr>
<td>[] sodium chloride 0.9 % syringe [7319]</td>
<td>10 mL, IntraCatheter, Every 8 hours, STAT</td>
</tr>
<tr>
<td>[] Saline lock IV [IVT11]</td>
<td>STAT, Continuous</td>
</tr>
<tr>
<td><strong>Provider's Initial:</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Medications**

Provider to discontinue all sleep aids.

**Pharmacy Communication [408000049]**

| X | Mix all piggybacks in 0.9% sodium chloride (Normal Saline) [CON100] | Routine, Once For Until specified |

**Antihypertensive [231665]**

[ ] Anti-hypertensive: FIRST CHOICE (Single Response) [200423]

| ( ) 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 SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg. |

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

| ( ) 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 SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg. |

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Provider’s Initial: ____________
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 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 SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.

Antihypertensive Infusion [408000004]
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.

niCARdipene (CARDENE) infusion [400763]

5 mg/hr, IntraVENous, Titrated
Antihypertensive IV: {Please select from list:40800002}
Titrated 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 SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.

labetalol (NORMODYNE) infusion [400483]

2 mg/min, IntraVENous, Titrated
Antihypertensive IV: {Please select from list:40800002}
Titrated 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 SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.
**Ischemic Stroke/TIA Addendum Orders**

*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.*

<table>
<thead>
<tr>
<th><strong>Antihypertensive PO (Single Response) [408000005]</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) cloNIdine (CATAPRES) tablet [1755]</td>
<td>0.1 mg, Oral, Every 6 hours PRN, to maintain BP goal Med choice: (Please select from list:40800002) The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.</td>
</tr>
<tr>
<td>( ) lisinopril (PRINIVIL,ZESTRIL) tablet [13089]</td>
<td>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 SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.</td>
</tr>
</tbody>
</table>

**Hypotension Infusion [408000014]**

| ( ) phenylephrine (NEO-SYNEPHRINE) infusion 0.08 mg/mL [400764] | 60 mcg/min, IntraVENous, Titrated Titrated 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 [40800021]**

<table>
<thead>
<tr>
<th>( ) Famotidine IV or PO [408000018]</th>
<th>&quot;Or&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) famotidine (PEPCID) tablet [10011]</td>
<td>20 mg, Oral, 2 times daily</td>
</tr>
<tr>
<td>( ) famotidine (PEPCID) IV syringe [122822]</td>
<td>20 mg, IntraVENous, at 300 mL/hr, 2 times daily</td>
</tr>
</tbody>
</table>

**Antipyretic [408000020]**

<table>
<thead>
<tr>
<th>( ) acetaminophen oral or rectally [231664]</th>
<th>&quot;Or&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) acetaminophen (TYLENOL) tablet [101]</td>
<td>650 mg, Oral, Every 6 hours PRN, temperature, Temp &gt; 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.</td>
</tr>
<tr>
<td>( ) acetaminophen (TYLENOL) suppository [105]</td>
<td>650 mg, Rectal, Every 6 hours PRN, temperature, Temp &gt; 37.6 C or 99.6 F Goal temperature is normal 37.0 C or 98.6 F.</td>
</tr>
</tbody>
</table>

**Provider’s Initial:** ___________
Antiplatelet Agents - Aspirin Group (Single Response) [408000015]
NOTE: Hold for 24 hours for patients who have received IV TPA. Please specify the appropriate start date / time.

() aspirin 324 mg PO or 300 mg PR [408000016]  "Or" Linked Panel

[] aspirin chewable tablet 81 mg [679]  324 mg, Oral, Daily
Hold for 24 hours for patients who have received IV TPA. If patient fails swallow screen or unable to take oral medication, then administer the 300 mg rectal suppository daily.

[] aspirin suppository [693]  300 mg, Rectal, Daily
If patient fails swallow screen or unable to take oral medication. Hold for 24 hours for patients who have received IV TPA.

() aspirin 325 mg PO or 300 mg PR [408000017]  "Or" Linked Panel

[] aspirin tablet [681]  325 mg, Oral, Daily
Hold for 24 hours for patients who have received IV TPA. If patient fails swallow screen or unable to take oral medication, then administer the 300 mg rectal suppository daily.

[] aspirin suppository [693]  300 mg, Rectal, Daily
If patient fails swallow screen or unable to take oral medication. Hold for 24 hours for patients who have received IV TPA.

() dipyridamole-aspirin (AGGRENOX) 12 hr capsule 25-200 mg [27644]  1 capsule, Oral, 2 times daily
Hold for 24 hours for patients who have received IV TPA. Contraindicated if failed swallow screen.

() Reason for no antithrombotic by EOD 2 [COR26]  REQUIRED
Reason for not administering antithrombotic therapy by end of day 2?

Provider’s Initial: __________
### Antiplatelet Agents - Plavix Group [128328]

NOTE: Hold for 24 hours for patients who have received IV tPA. Please specify the appropriate start date / time.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</table>
|   | clopidogrel (PLAVIX) tablet [22142] | 75 mg, Oral, Daily, Starting S+1  
Hold for 24 hours for patients who have received IV TPA. |
|   | clopidogrel (PLAVIX) tablet [22142] | 300 mg, Oral, Once (expires in 36 hours), For 1 Doses  
Loading dose. Hold for 24 hours for patients who have received IV TPA. |
|   | clopidogrel (PLAVIX) tablet [22142] | 600 mg, Oral, Once (expires in 36 hours), For 1 Doses  
Loading dose. Hold for 24 hours for patients who have received IV TPA. |

### Statin Therapy (Single Response) [408000019]

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<thead>
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</table>
|   | atorvastatin (LIPITOR) tablet [170660] | 10 mg, Oral, Nightly  
( ) atorvastatin (LIPITOR) tablet [170660] | 20 mg, Oral, Nightly  
( ) atorvastatin (LIPITOR) tablet [170660] | 40 mg, Oral, Nightly  
( ) Do NOT give statin medication [COR24]  
Due to: |

### VTE Risk Assessment & Orders

#### VTE Prophylaxis Orders [174026]

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

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>0-1 Risk Score &amp; LOW or HIGH Bleeding Risk [174038]</td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>
|   | 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] [174033] | For Patients with a VTE Risk score of 5 or more, choose SCDs and Pharmacological Prophylaxis. |
|   |   |   |
|   | enoxaparin (LOVENOX) injection [520296] | 40 mg, SubCutaneous, Daily  
( ) heparin (porcine) injection 5,000 units/mL [10181] | 5,000 Units, SubCutaneous, Every 8 hours  
( ) Pharmacy Consult - Alternate Dosing/Alternate Medications [400993]  
See admin instructions |

**Provider’s Initial:** __________
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<tbody>
<tr>
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<tr>
<td>[ ]</td>
<td>Apply Sequential Compression Device [NUR815]</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>2-5 Risk Score &amp; High Bleeding Risk [SCDs] [174028]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Apply Sequential Compression Device [NUR815]</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Reason for no VTE Prophylaxis [174029]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Reason for no mechanical VTE prophylaxis [COR25]</td>
<td>Reason: Unable to wear due to size or injury</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Reason for no pharmacologic VTE prophylaxis (Absolute / Relative contraindications) [COR25]</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Continuing Prior to Admission VTE Pharmacologic Prophylaxis [COR25]</td>
<td>Reason for no VTE prophylaxis or only Graduated Compression Stockings at admission?</td>
<td></td>
</tr>
</tbody>
</table>

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