

Palm Drive Hospital

“Code Stroke” Order Set

CHECK BOX to activate order if applicable

Date & Time	Admission Information	<p>If patient presents with new neurological deficits call “Code Stroke” overhead</p> <p>Estimate time of symptoms onset (time last seen normal): _____</p> <p>Time patient presented to ER: _____</p> <p>Medication allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Other: _____</p> <p>Weight: _____ kg <input type="checkbox"/> measured <input type="checkbox"/> estimated</p>
	Notifications	<p>Notify Nursing Supervisor at 332-4808</p> <p>Notify Radiology/CT technician (if not in house) – paged/called at _____</p> <p>Notify Laboratory staff (if not in house) – paged/called at _____</p>
	Interventions/Treatments	<p>Take immediately from triage to bed.</p> <p>VS and neuro checks every 15 minutes (Use Cincinnati Stroke Scale and Glasgow Coma Scale)</p> <p>Continuous ECG monitoring</p> <p>Continuous pulse oximetry</p> <p>Oxygen @ 2L by nasal cannula</p> <p>Place 2 peripheral IV's and saline lock – at least one 18G</p> <p>Obtain a bedside glucose measurement</p>
	Prevention of Aspiration	<p>NPO</p> <p>Keep head of bed elevated to 30-45 degrees at all times.</p> <p>Complete a “Nurse Swallow Evaluation (Don't delay thrombolytics to do this).”</p>
	Labs	<p>CBC</p> <p>CMP, Magnesium</p> <p>PT/INR , PTT</p> <p>Other: _____</p>
↓	Diagnostic Tests	<p>STAT non-contrast CT brain scan - Reason: Acute CNS event — “Code Stroke”</p> <p>[Goal:<25 min from ER arrival to CT]</p> <p>[Goal:<45 min to CT results]</p> <p>12-lead ECG STAT (Don't delay CT)</p> <p>CXR portable STAT (Don't delay CT)</p> <p>Other: _____</p>
Date & Time	Blood Pressure Medications	<p>Ischemic Stroke BP Management: If SBP > 185 or DBP > 110</p> <p>Target SBP is ≥ 100 and ≤ 180 <u>and</u> DBP is ≥ 60 and ≤ 105</p> <p><input type="checkbox"/> Labetalol 10 mg IV; May repeat every 10 minutes X3 doses.</p> <p>If unresponsive to Labetolol or other contraindications to beta blocker effect (asthma or bradycardia) give:</p> <p><input type="checkbox"/> Nicardipine (0.2mg/ml) by continuous IV infusion. Start at 5mg/hour. May increase 2.5mg/hour every 5 – 15 minutes, maximum 15 mg/hour.</p>
Date & Time	PRN Medications	<p><input type="checkbox"/> Acetaminophen 650mg PR every 4 hours PRN Temp >37.5 C or mild pain ≤ 3.</p> <p><input type="checkbox"/> Zofran 4 mg IV every 6 hours PRN nausea or vomiting</p> <p><input type="checkbox"/> Morphine _____ mg IV every _____ PRN pain</p> <p><input type="checkbox"/> Dilaudid _____ mg IV every _____ PRN pain.</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>
Date & Time	Peptic Ulcer Prophylaxis	<p><input type="checkbox"/> Pantoprazole (Protonix) 40mg IV daily</p> <p><input type="checkbox"/> Other: _____</p>

Physician Signature: _____

RN Signature: _____

Palm Drive Hospital

“Code Stroke” Protocol

Date & Time	tPA Decision	<p>Complete “t-PA Inclusion/Exclusion Criteria Form” (if not already done) t-PA candidate = Ischemic Stroke within 4.5 hours of symptom onset and without contraindications. (Goal: <60 minutes from ER arrival to tPA)</p> <p>Decision : <input type="checkbox"/> Thrombolysis will not be administered due to: <input type="checkbox"/> Resolving/minor symptoms <input type="checkbox"/> Time delay > 4.5 hours <input type="checkbox"/> Bleeding <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Thrombolysis will be administered with the following dosing: t-PA (Alteplase) dosing: 0.9mg/kg = _____mg total dose [max dose = 90mg] • Administer 10% of total dose as IV bolus over 1 minute (_____mg) and then 90% of total dose (_____mg) as IV infusion over 1 hour. • Report any changes in vital signs, neurological status, or any bleeding to physician immediately.</p>
Date & Time	Intracranial Hemorrhage	<p>Intracranial Hemorrhage Management Guidelines During and After t-PA Infusion If clinical suspicion of ICH present: Notify physician immediately.</p> <p>Order: • CT Head STAT - Reason: R/O CNS bleed S/P tPA • CBC,PT,INR,PTT, Fibrinogen STAT • T&C 4 units PRBCs, 4 units cryoprecipitated fibrinogen, 2 Units FFP(Use Blood Transfusion Order Sheet)</p> <p>If CT Head shows hemorrhage and clinical situation justifies, then: • If Fibrinogen < 50, administer 4 Units Cryoprecipitated fibrinogen • If PT > 24sec or PTT > 50sec, and fibrinogen > 80mg, then administer 2 Units FFP • If platelets < 50,000, administer 1 Unit Platelet Pheresis Pack</p> <p>If any blood product administered, order PT, PTT</p>
Date & Time	Other	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Physician Signature: _____

RN Signature: _____