

Ischemic Stroke Patient Care Admission Orders

	<u>IVs / MEDICATIONS</u> (drug, route, dose, frequency)
	Maintenance IV Fluid:
	<u>Antihypertensive Plan:</u> Angiotensin Converting Enzyme inhibitor _____ Beta-blocker _____ Diuretic _____ Angiotensin Receptor Blocker _____ other _____
	<u>Stroke Prophylaxis Plan:</u> Aspirin PO dose _____ frequency _____ Enteric Coated Aspirin PO dose _____ frequency _____ Clopidogrel (plavix) PO dose _____ frequency _____ Extended-release Dipyridamole plus Aspirin (Aggrenox): Warfarin PO dose _____ frequency _____
	<u>Hyperlipidemic Plan</u> HMG CoA Reductase inhibitor _____ PO dose _____ frequency _____ other : _____
	DIET
	<input type="checkbox"/> Dysphagia Screen in the ED or at bedside
	<input type="checkbox"/> NPO till speech evaluation
	Aspiration precautions
	Diet:
	ACTIVITY
	In ICU: Bedrest with HOB up <input type="checkbox"/> 30 degrees <input type="checkbox"/> 45 degree
	<input type="checkbox"/> Assist with turning and positioning every 2 hours while in bed
	<input type="checkbox"/> Safety/ Fall precautions
	CONSULTS
	<input type="checkbox"/> Rehab MD <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Speech
	<input type="checkbox"/> Evaluate for peg placement- consult GI Service
	<u>ADDITIONAL ORDERS</u>
	<input type="checkbox"/> Stroke Education
	<input type="checkbox"/> Rehab Education

