

JHH-BMC Neuro Critical Care Post IV TPA (Alteplase) - Focused [3043008018]

General

Notify Authorized Prescriber / House Officer

<input checked="" type="checkbox"/> Notify Authorized Prescriber/House Office [NUR183]	Priority: Frequency: Systolic BP less than (mmHg): Systolic BP greater than (mmHg): Diastolic BP less than (mmHg): Diastolic BP greater than: Heart rate less than (bpm): Heart rate greater than (bpm): Respiratory rate less than (rpm): Respiratory rate greater than (rpm): If any deterioration in neurologic exam: Comments: Phase of Care:	<u>Defaults</u> Routine Until discontinued, Starting today 140 185 60 105 50 100 12 26 Yes	<u>Available Buttons</u> [Routine] [Once] [Until Discontinued] [Daily] [Yes] [No]
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Diet / Nutrition

<input checked="" type="checkbox"/> NPO (with tube feeding) [DIET41]	Frequency: NPO Except: Pre-Operative fasting options: Diet Type: Comments: Phase of Care:	<u>Defaults</u> Diet effective now, Starting today Until swallow screen is passed	<u>Available Buttons</u> [Effective Now] [Effective Midnight] [Effective _____] [Ice Chips] [Sips of Clear Liquids] [Oral meds with sips] [G-tube meds with flush] [Post-pyloric meds with flush (nasoduodenal tube, jejunostomy tube, etc.)] [NPO with Tube Feeding]
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Nursing Assessments [209488]

<input checked="" type="checkbox"/> Vital Signs [NUR490]	Priority: Frequency: Comments: Phase of Care:	<u>Defaults</u> Routine As Directed Q15 min for 2 hours, then Q30 min for 6 hours, then Q1H for 16 hours.	<u>Available Buttons</u> [Routine] [Q1H] [Q2H] [Q3H] [Q4H] [Q4H (0600-2200)] [Q8H] [Q12H]
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<input checked="" type="checkbox"/> Expanded Neurological Assessment [NUR25013]	Priority:	<u>Defaults</u> Routine	<u>Available Buttons</u> [Routine]
	Frequency:	As Directed For	[Q1H] [Q2H] [Q3H] [Q4H] [Q8H]
	During waking hours only?	Until specified	[Q12H]
	Comments:	No	
		Q15 min for 2 hours, then Q30 min for 6 hours, then Q1H for 16 hours.	
	Phase of Care:		
Nursing Interventions [209496]			
<input checked="" type="checkbox"/> Strict Intake and Output [NUR3040502]	Priority:	<u>Defaults</u> Routine	<u>Available Buttons</u> [Routine]
	Frequency:	Every 2 hours	[Q1H] [Q2H] [Q4H] [Q8H]
	Comments:		[Continuous PRN]
	Phase of Care:		
<input checked="" type="checkbox"/> No Heparin, Warfarin or Aspirin for 24 hours after rt-PA (alteplase). [NUR185]	Priority:	<u>Defaults</u> Routine	<u>Available Buttons</u> [Routine]
	Frequency:	Until discontinued, Starting today	[Once] [Until Discontinued] [Daily]
	Comments:		
	Phase of Care:		
<input checked="" type="checkbox"/> Limit all invasive procedures during the infusion and for the first 24 hours after the completion of IV TPA (alteplase). [NUR185]	Priority:	<u>Defaults</u> Routine	<u>Available Buttons</u> [Routine]
	Frequency:	Until discontinued, Starting today	[Once] [Until Discontinued] [Daily]
	Comments:	A) If an invasive procedure must be performed, extreme caution should be used to prevent bleeding. B) If an invasive catheter must be discontinued, pressure shall be applied until homeostasis is achieved. A pressure dressing shall then be applied.	
	Phase of Care:		
<input checked="" type="checkbox"/> Bleeding Precautions [PRE10000]	Priority:	<u>Defaults</u> Routine	<u>Available Buttons</u> [Routine] [STAT]
	Frequency:	Continuous	
	Comments:		
	Phase of Care:		

☒ Provide Stroke Education
[NUR10859]

Priority:
Frequency:

Comments:

Phase of Care:

Defaults

**Routine
Until
discontinued,
Starting today
Ongoing to
patient and/or
family/caregiver.**

Available Buttons

[Routine]
[Once] [Prior to Discharge]

☒ Nursing Swallow Screening
[NUR86]

Priority:
Frequency:

Comments:

Phase of Care:

Defaults

**Routine
Once For 1
Occurrences
On admission. If
patient fails
Swallow Screen,
keep NPO and
implement order
for Speech
Language
Pathology
Evaluation, Treat
and nutrition
referral.**

Available Buttons

[Routine]
[Q1H] [Q2H] [Q3H] [Q4H] [Q8H]
[Q12H]

Labs

Labs [209543]

☐ Comprehensive Metabolic Panel
[LAB17]

Frequency:

Comments:
Phase of Care:

Defaults

**Once For 1
Occurrences**

Available Buttons

[Once] [STAT] [AM Draw] [PM Draw]
[AM/PM Draw] [Q4H] [Q6H] [Q8H]
[Q24H]

☐ Complete Blood Count (CBC)
w/o Diff
[LAB294]

Frequency:

Comments:
Phase of Care:

Defaults

**Once For 1
Occurrences**

Available Buttons

[Once] [STAT] [Timed] [AM Draw]
[PM Draw] [AM/PM Draw] [Q4H]
[Q6H] [Q8H]

☐ Magnesium
[LAB103]

Frequency:

Comments:
Phase of Care:

Defaults

**Once For 1
Occurrences**

Available Buttons

[Once] [STAT] [AM Draw] [PM Draw]
[AM/PM Draw] [Q4H] [Q6H] [Q8H]
[Q24H]

☐ Lipid panel
[LAB18]

Frequency:

Comments:
Phase of Care:

Defaults

**Once For 1
Occurrences**

Available Buttons

[Once] [AM Draw] [PM Draw]

☐ Sedimentation
Rate [LAB547]

Frequency:

Comments:
Phase of Care:

Defaults
**Once For 1
Occurrences**

Available Buttons

[Once] [STAT] [AM Draw] [PM Draw]
[AM/PM Draw] [Q4H] [Q6H] [Q8H]
[Q24H]

☐ Hemoglobin
A1C [LAB90]

Frequency:

Comments:
Phase of Care:

Defaults
**Once For 1
Occurrences**

Available Buttons

[Once] [AM Draw] [PM Draw]

Consults & Referrals

Ancillary Referrals [209549]

☐ PT Eval and Treat [472965]

☐ PT EVAL AND
TREAT [PT101]

Priority:
Frequency:
Reason for PT
Order:

Additional
Questions:

Will the patient be
discharged today?
If considered
necessary by the
therapist, Physiatry
(Physical Medicine
and Rehabilitation
Physician)
consultation can be
initiated.

Comments:
Phase of Care:

Defaults
**Routine
Once**

Yes

Available Buttons

[Routine]
[Once]
[Airway Clearance] [Mobility Deficit]
[Gait train with appropriate assistive
device as designated by therapist]
[Other]

if (answer = Other)
Please specify:

☐ Activity [1063626]

☐ Activity
[NUR1290]

Priority:
Frequency:

Activity:
Additional
Questions:

Defaults
Routine
Until
discontinued,
Starting today
As Tolerated

Available Buttons

[Routine]
[Until Discontinued]

[As Tolerated] [Bedrest]

if (answer = Bedrest)
Special Instructions:
HOB (Degrees):
if (answer = Flat) Or (answer = 10)
Or (answer = 20) Or (answer = 30) Or
(answer = 40) Or (answer = 45) Or
(answer = 50) Or (answer = 60) Or
(answer = Greater than 60)

Head of Bed (HOB) Instructions:
To Progress, Elevate HOB by
(Degrees):
if (answer = 5) Or (answer = 10)
Or (answer = 15) Or (answer = 20) Or
(answer = 25) Or (answer = 30) Or
(answer = 35)

Increase HOB by degrees
above with goal below every (in
hours):

HOB Goal Degrees:
if (answer = Progression of HOB)
To Progress, Elevate HOB by
(Degrees):

if (answer = 5) Or (answer = 10)
Or (answer = 15) Or (answer = 20) Or
(answer = 25) Or (answer = 30) Or
(answer = 35)

Increase HOB by degrees
above with goal below every (in
hours):

HOB Goal Degrees:
HOB Goal Degrees:

*This question has more cascading
questions which are not shown in the
report due to length
[With assistance] [Per developmental
age] [Other]
[JH HLM] [Other Activity Protocol]

if (answer = JH HLM)
JH HLM Goal:
if (answer = Ambulation/laps)
Number of laps:
Number of times per day:
if (answer = Other Activity Protocol)
Other Activity Protocol:

Activity Instructions:

Progression
Protocol:
Additional
Questions:

Progression
Protocol:
Dangle Frequency:

[TID] [Daily] [BID] [QID]

Special
Instructions:
HOB (Degrees):

[Flat] [10] [20] [30] [40] [45]
[50] [60] [Greater than 30] [Greater
than 60] [Progression of HOB]
[HOB elevated NICU/PICU]

Additional
Questions:

if (answer = Flat) Or (answer = 10)
Or (answer = 20) Or (answer = 30) Or
(answer = 40) Or (answer = 45) Or
(answer = 50) Or (answer = 60) Or
(answer = Greater than 60)

Head of Bed (HOB) Instructions:
To Progress, Elevate HOB by
(Degrees):

if (answer = 5) Or (answer = 10)
Or (answer = 15) Or (answer = 20) Or
(answer = 25) Or (answer = 30) Or
(answer = 35)

Increase HOB by degrees above
with goal below every (in hours):

HOB Goal Degrees:

if (answer = Progression of HOB)
To Progress, Elevate HOB by
(Degrees):

if (answer = 5) Or (answer = 10)
Or (answer = 15) Or (answer = 20) Or
(answer = 25) Or (answer = 30) Or
(answer = 35)

Increase HOB by degrees above
with goal below every (in hours):

HOB Goal Degrees:

HOB Goal Degrees:

Head of Bed (HOB) Instructions:

Head of Bed (HOB)
Instructions:
Brace Type:
Additional
Questions:

if (answer <> Other (Enter Free
Text))

Brace Instructions:

if (answer = Other (Enter Free Text))

Brace Type and Instructions:

if (answer = #** AFO)

To obtain:

To obtain:

if (answer = **Bledsoe Brace)

To obtain:

if (answer = **Cam Walking Boot
Low Rise)

To obtain:

if (answer = **Cam Walking Boot
High Rise)

To obtain:

if (answer = **Camp Corset)

To obtain:

if (answer = #* Cast Shoe)

Helmet:

Additional
Questions:

Comments:
Phase of Care:

☐ OT Eval and Treat [617652]

☐ OT Eval and
Treat [OT101]

Priority:
Frequency:

Reason for OT
Order:
Additional
Questions:

Will the patient be
discharged today?
If considered
necessary by the
therapist, Physiatry
(Physical Medicine
and Rehabilitation
Physician)
consultation can be
initiated.
Comments:
Phase of Care:

☐ Activity [197407]

To obtain:

To obtain:

*This question has more cascading
questions which are not shown in the
report due to length
[Helmet required for out of bed]
[OOB with OR head wrap until helmet
arrives] [No helmet required]

if (answer = Helmet required for out
of bed) Or (answer = OOB with OR
head wrap until helmet arrives)

Size of Defect:

Fit over Drains:

if (answer = No)

Estimated Date of Drain

Removal:

Fit over Dressing:

if (answer = No)

Estimated Date of Dressing

Removal:

Additional Instructions:

Defaults

Routine

Once For 1

Occurrences

Available Buttons

[Routine]

[Once]

[ADLs] [Safety] [Splint] [Behavioral
Health] [Other]

if (answer = Other)

Please specify:

if (answer = Splint)

Type of Splint:

ROM Limitations:

Wearing schedule:

Yes

☐ Activity
[NUR1290]

Priority:
Frequency:

Activity:
Additional
Questions:

Defaults
Routine
Until
discontinued,
Starting today

Available Buttons

[Routine]
[Until Discontinued]

[As Tolerated] [Bedrest]

if (answer = Bedrest)
Special Instructions:
HOB (Degrees):
if (answer = Flat) Or (answer = 10)
Or (answer = 20) Or (answer = 30) Or
(answer = 40) Or (answer = 45) Or
(answer = 50) Or (answer = 60) Or
(answer = Greater than 60)
Head of Bed (HOB) Instructions:
To Progress, Elevate HOB by
(Degrees):
if (answer = 5) Or (answer = 10)
Or (answer = 15) Or (answer = 20) Or
(answer = 25) Or (answer = 30) Or
(answer = 35)
Increase HOB by degrees
above with goal below every (in
hours):
HOB Goal Degrees:
if (answer = Progression of HOB)
To Progress, Elevate HOB by
(Degrees):
if (answer = 5) Or (answer = 10)
Or (answer = 15) Or (answer = 20) Or
(answer = 25) Or (answer = 30) Or
(answer = 35)
Increase HOB by degrees
above with goal below every (in
hours):
HOB Goal Degrees:
HOB Goal Degrees:
*This question has more cascading
questions which are not shown in the
report due to length

Special
Instructions:
HOB (Degrees):

[Flat] [10] [20] [30] [40] [45]
[50] [60] [Greater than 30] [Greater
than 60] [Progression of HOB]
[HOB elevated NICU/PICU]

Additional
Questions:

if (answer = Flat) Or (answer = 10)
Or (answer = 20) Or (answer = 30) Or
(answer = 40) Or (answer = 45) Or
(answer = 50) Or (answer = 60) Or
(answer = Greater than 60)
Head of Bed (HOB) Instructions:
To Progress, Elevate HOB by
(Degrees):

Head of Bed (HOB)
 Instructions:
 Mobility
 Restrictions:
 Additional
 Questions:

if (answer = 5) Or (answer = 10)
 Or (answer = 15) Or (answer = 20) Or
 (answer = 25) Or (answer = 30) Or
 (answer = 35)

Increase HOB by degrees above
 with goal below every (in hours):

HOB Goal Degrees:

if (answer = Progression of HOB)

To Progress, Elevate HOB by
 (Degrees):

if (answer = 5) Or (answer = 10)
 Or (answer = 15) Or (answer = 20) Or
 (answer = 25) Or (answer = 30) Or
 (answer = 35)

Increase HOB by degrees above
 with goal below every (in hours):

HOB Goal Degrees:

HOB Goal Degrees:

Head of Bed (HOB) Instructions:

[Upper Extremities] [Lower
 Extremities] [Spine]

if (answer = Upper Extremities)

UE Side:

if (answer = Right)

Right UE Weight-Bearing Status:

if (answer = Left)

Left UE Weight-Bearing Status:

if (answer = Bilateral)

Right UE Weight-Bearing Status:

Left UE Weight-Bearing Status:

UE Extremities:

if (answer = Shoulder)

Shoulder Range of Motion

(ROM):

if (answer = Wrist)

Wrist Range of Motion (ROM):

if (answer = Elbow)

Elbow Range of Motion (ROM):

if (answer = Finger)

Finger Range of Motion (ROM):

*This question has more cascading
 questions which are not shown in the
 report due to length

Brace Type:
 Additional
 Questions:

if (answer <> Other (Enter Free
 Text))

Brace Instructions:

if (answer = Other (Enter Free Text))

Brace Type and Instructions:

if (answer = *** AFO)

To obtain:

To obtain:

if (answer = **Bledsoe Brace)

To obtain:
 if (answer = **Cam Walking Boot
 Low Rise)
 To obtain:
 if (answer = **Cam Walking Boot
 High Rise)
 To obtain:
 if (answer = **Camp Corset)
 To obtain:
 if (answer = #* Cast Shoe)
 To obtain:
 To obtain:
 *This question has more cascading
 questions which are not shown in the
 report due to length
 [Helmet required for out of bed]
 [OOB with OR head wrap until helmet
 arrives] [No helmet required]

if (answer = Helmet required for out
 of bed) Or (answer = OOB with OR
 head wrap until helmet arrives)
 Size of Defect:
 Fit over Drains:
 if (answer = No)
 Estimated Date of Drain
 Removal:
 Fit over Dressing:
 if (answer = No)
 Estimated Date of Dressing
 Removal:
 Additional Instructions:

Helmet:

Additional
 Questions:

Comments:
 Phase of Care:

☐ SLP Eval and
 Treat [SLP2]

Priority:
 Frequency:
 Reason for SLP
 Order:
 Reason for SLP?
 Comments:
 Phase of Care:

Defaults
Routine
Once

Available Buttons
 [Routine] [STAT]
 [Once]

IV Fluids

IV Fluid [203865]

☐ sodium chloride
 0.9% infusion
 [27838]

Dose:
 Route:
 Duration:
 Frequency:
 Frequency Start:
 Frequency Duration:
 Administration
 instructions:
 Phase of Care:

Defaults
84 mL/hr
Intravenous

Continuous

Available Buttons
 [Intravenous]

 [Continuous]

☐ sodium chloride
0.9% with KCl
20 mEq infusion
[11081]

Dose:
Route:
Duration:
Frequency:
Frequency Start:
Frequency Duration:
Administration
instructions:
Phase of Care:

Defaults
84 mL/hr
Intravenous

Continuous

Available Buttons
[Intravenous]

[Continuous]

Medications

Anti-Hypertensive [203867]

Consider continuous infusion of Nicardipine if both labetalol and hydralazine are ineffective at maximum tolerated doses.

☒ labetalol
(NORMODYNE)
5 mg/mL
injection -Utilize
1st if HR > = 60
1st line agent
[480481]

Dose:
Route:
Duration:
Frequency:

PRN comment:

Defaults
10 mg
Intravenous
for 2 Minutes
Every 10 min
PRN
Administer only
after 3
consecutive
blood pressures,
1 minute apart,
exceed SBP > 185
or DBP > 110.

Available Buttons
[Intravenous]
[2 Minutes]
[Once] [Q10 Min PRN]
[High Blood Pressure]

Frequency Start:
Frequency Duration:
Administration
instructions:

Labetalol is the
first line agent.
Maximum 300 mg
over 24 hours.
Notify house
officer if SBP or
DBP is not
controlled after 6
doses.
Hold for heart
rate < 60.

Phase of Care:

☐ hydrALAZINE
(APRESOLINE)
20 mg/mL
injection - Utilize
in place of
labetolol if HR <
60 [3697]

Dose:
Route:
Rate:
Frequency:

PRN comment:

Frequency Start:
Frequency Duration:
Administration
instructions:

Phase of Care:

Defaults

**5 mg
Intravenous**

**Every 30 min
PRN
Administer only
after 3
consecutive
blood pressures,
1 minute apart,
exceed SBP > 185
or DBP > 110.**

**For 4 Doses
Administer
hydralazine if HR
< 60. Notify
House Officer if
SBP or DBP is
not controlled
after 4 doses.**

Available Buttons

[Intravenous] [Intramuscular]

[Other]

Pain Medication [203866]

☐ Acetaminophen [221992]

☐ acetaminophen
(TYLENOL)
tablet [101]

Dose:
Route:
Rate:
Frequency:

PRN comment:

Frequency Start:
Frequency
Duration:
Administration
instructions:

Phase of Care:

"Or" Linked Panel

Defaults

**650 mg
Oral**

**Every 6 hours
PRN
mild pain (1-3),
moderate pain
(4-6)**

**Maximum
Acetaminophen
dose not to
exceed 4000 mg
in 24 hours from
ALL sources.**

Available Buttons

[Oral]

[mild pain (1-3)] [moderate pain (4-6)]
[Temperature > 38 C (100.4 F)]
[Temperature > 38.3 C (100.9 F)]
[Temperature > 38.4 C (101.1 F)]
[Temperature > 38.5 C (101.3 F)]
[Temperature > 39 C (102 F)]
[Headaches] [Other]

☐ acetaminophen
(TYLENOL) oral
solution [440006]

Dose:
Route:
Rate:
Frequency:

PRN comment:

Frequency Start:
Frequency
Duration:
Administration
instructions:

Phase of Care:

Defaults

650 mg
Oral

Every 6 hours
PRN

**mild pain (1-3),
moderate pain
(4-6)**

**If unable to take
oral pills.
Maximum
Acetaminophen
dose not to
exceed 4000 mg
in 24 hours from
ALL sources.**

Available Buttons

[Oral]

[mild pain (1-3)] [moderate pain (4-6)]
[Temperature > 38 C (100.4 F)]
[Temperature > 38.3 C (100.9 F)]
[Temperature > 38.4 C (101.1 F)]
[Temperature > 38.5 C (101.3 F)]
[Temperature > 39 C (102 F)]
[Headaches] [Other]

☐ acetaminophen
(TYLENOL)
suppository
[440487]

Dose:
Route:
Rate:
Frequency:

PRN comment:

Frequency Start:
Frequency
Duration:
Administration
instructions:

Phase of Care:

Defaults

650 mg
Rectal

Every 4 hours
PRN

**mild pain (1-3),
moderate pain
(4-6)**

**If unable to
tolerate PO.
Maximum
Acetaminophen
dose not to
exceed 4000 mg
in 24 hours from
ALL sources.**

Available Buttons

[Rectal]

[mild pain (1-3)] [moderate pain (4-6)]
[Temperature > 38 C (100.4 F)]
[Temperature > 38.3 C (100.9 F)]
[Temperature > 38.4 C (101.1 F)]
[Temperature > 38.5 C (101.3 F)]
[Temperature > 39 C (102 F)]
[Headaches] [Other]

Stress Ulcer Prophylaxis [213497]

☐ famotidine
(PEPCID)
injection
[40840363]

Dose:
Route:
Rate:
Frequency:
Frequency Start:
Frequency Duration:
Administration
instructions:
Phase of Care:

Defaults
20 mg
Intravenous

Available Buttons

[Intravenous]

[Once] [Q12H SCH] [Q24H SCH]