**EMERGENCY DEPARTMENT STROKE > 24 HOUR ORDERS**

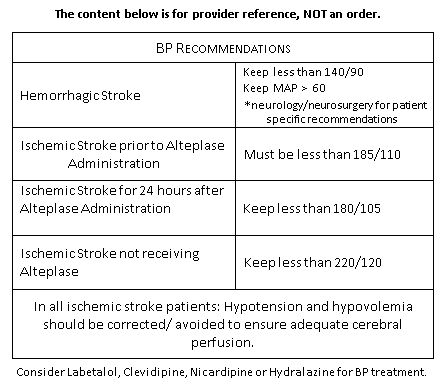
***Physician to check appropriate boxes. These orders are not implemented until signed by physician.***

***=Best practice. Physician must cross out pre-checked order if not desired.***

**Document Time Last Known Normal: Date/Time:**

**Document anticoagulant use & last dose: ­**

**Tele-stroke Neurology Consultation: Date/Time:**



**Diagnostics:**

**Non-contrast CT head STAT**

**CTA head STAT (if available)**

**CTA neck STAT (if available)**

**Nursing Orders:**

**Blood Glucose Point of Care STAT, notify for glucose < 60mg/dL or >180mg/dL**

**Vital Signs & Neuro checks hourly**

**Notify provider for BP > 220/120**

**NIHSS**

**Cardiac monitoring, continuous**

**EKG**

**O2 to keep SpO2 >94%**

**Insert peripheral IV**

**Nursing dysphagia screen prior to any oral intake**

**Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)**

**Labs STAT:**

**Troponin  Lipid panel  Alcohol Level**

**CBC  Urinalysis  HCG Qualitative Serum**

**CMP  Drug Screen  Hgb A1c**

**PT/PTT/INR  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verbal orders:** (RN print) (RN sign)

Date/time: (Provider):

**Provider:**  Date/time:

(sign)