<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Time Ordered</th>
<th>Diet, Treatment and Medication</th>
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**ALLERGIES:**

**WEIGHT:**

NIH Stroke Scale: ___________________ Stroke Class (specify): ☐ Class A  ☐ Class B  ☐ Class C  ☐ Wake Up Stroke

☐ If Class A stroke, activate Stroke Team page

Admit: ☐ If Class A, admit to: ☐ neuro step-down unit  ☐ critical care unit  ☐ If Class B or C, admit to: ☐ 4N

**Diet:**

☐ NPO do not give p.o. medications except dysphagia screen and/or evaluation

☐ If patient PASSES the bedside swallow screening and has '0' POINTS on the NIH stroke scale for dysarthria and best language, advance patient's diet to Cardiac/Thin Liquids Diet

☐ If patient PASSES the bedside swallow screening and has ANY POINTS on the NIH stroke scale for dysarthria or best language, advance patient to Stroke Screening diet AND advance diet/texture/consistency per Speech Therapy recommendation.

☐ If patient FAILS the bedside swallow screening, keep patient NPO do not give p.o. medications AND advance diet/texture/consistency per Speech Therapy recommendation.

**Activity:**

☐ Bedrest supine with HOB elevated 10 degrees

**Nursing:**

☐ Bedside swallow screening per nursing protocol. Complete the screening if:
  1) Patient is in ED > 4 hours
  2) Patient requests p.o.
  3) p.o. medications are required
  4) Patient is admitted to a unit other than 4 North

☐ Foley to straight drain

☐ VS and neuro checks every 30 minutes x 1 hour then every 4 hours

☐ Inform ED physician to repeat NIH Stroke Scale if more than 4 hours has elapsed from initial NIH

☐ NG tube:
  ☐ to low intermittent suction  ☐ to straight drain  ☐ clamped  ☐ to low continuous suction

**Respiratory:**

☐ Oxygen at 2 liters continuous nasal cannula

☐ Initiate Oxygen protocol to maintain saturation >92%

**Diagnostics:**

☐ Stat BGT

☐ Hemogram

☐ BMP

☐ PT/INR

☐ PTT

☐ Serum HCG for female <50 years old

☐ Type and screen (recommended for patients on Warfarin or Class A Stroke)

☐ Troponin

☐ Chest x ray

☐ EKG

☐ Telemetry: document rhythm (specify):

☐ If Class A, CT with CTA of head and neck

H/O Renal disease (specify): ☐ yes  ☐ no  ☐ unknown

☐ Notify on-call interventional radiologist via page operator @53111

☐ If Class B or C, CT of head without contrast

Return patient to the ED for disposition

Contact primary care physician

Contact neurologist for Class B

☐ If wake up stroke, CT with CTA of head and neck STAT

☐ If wake up stroke, MRI of brain with contrast STAT for diffusion/perfusion mismatch study

**IV Fluids:**

☐ Large bore IV of 0.9% Sodium Chloride at KVO (20 gauge or larger)

☐ 0.9% Sodium Chloride bolus. Volume to infuse: _______ ml

☐ If Class A stroke, large bore pm lock opposite arm (20 gauge or larger)

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Physician’s Signature __________________________ Date/Time: ____________

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WHITE COPY — Chart

YELLOW COPY — Pharmacy

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Summa Health System

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PHYSICIAN’S ORDERS

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PHYSICIAN’S ORDERS

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PHYSICIAN ORDERS - ED STROKE
STROKE CATEGORIZATIONS

Class A - All patients last seen well less than 8 hours before ED arrival with acute focal neurological symptoms, or patients with wake up strokes, or patients with fluctuating symptoms, severe TIA's even when resolved (ABCD2 score of >4), and/or possible research candidates.

Class B - Patients with acute focal neurological deficits that do not meet Class A criteria.

Class C - Prior to stroke, patient had severe cognitive or functional impairment, or terminal condition.

GUIDELINE FOR PATIENT FLOW OF STROKE PATIENTS