

Order set:
ACUTE STROKE ADMISSION
 Saskatchewan Acute Stroke Pathway Protocols

Addressograph

*****Ensure Medication Reconciliation Form has been reviewed*****

Admit to: Unit Observation Bed

Final Diagnosis:

ACTION

*****Diagnosis and treatment decision made in consultation with Neurologist*****

Ischemic Stroke: Describe:

Haemorrhagic – Intracerebral bleed: Describe:

Transient ischemic attack: Describe:

Stroke not otherwise specified: Describe:

Treatment

tPA -- use order set form # _____

Endovascular therapy – Consult Endovascular Stroke Team at Royal University Hospital via ACAL/Bedline

Refer to Stroke Prevention Clinic -- use form # _____

Ischemic Stroke Describe:

Haemorrhagic – intracerebral bleed Describe:

Precautions: Contact Droplet Airborne Other - Reason:

Care Directives

Complete Resuscitation Care Plan Order #- _____

Patient/ Family decision pending

Advance Care Directive (on the health record)

Consults

SW - Reason:

PT - Reason:

OT- Reason:

SLP - Reason

Dietician - Reason:

Rehab Medicine – Reason:

Geriatric Medicine – Reason:

CPAS - Reason:

Other:

Reason:

Diet

Bedside Swallowing Algorithm

NPO until SLP assesses swallowing

Regular Diet

Advanced Minced diet

Low Sodium

Low Cholesterol

Cardiac

Diabetic _____kcal

Other:

 PRACTITIONER PRINTED NAME

 PRACTITIONER SIGNATURE

 DATE/TIME

Order set:

STROKE ADMISSION

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Activity

ACTION

- Head of bed elevated at least _____ degrees
- As tolerated Fall Risk Mobilize Bedrest

Vitals/Monitoring

- Neurovitals: q1h and PRN q4h and PRN q12h and PRN q_____h and PRN
- T, HR, RR, BP, SpO₂: q1h and PRN q4h and PRN q12h and PRN q_____h and PRN
- Pain Score q _____ h and PRN
- Ischemic stroke - call if SBP greater than 220 or DBP greater than 110
- Haemorrhagic stroke - call if SBP greater than 140 or DBP greater than 90
- Cardiac Monitoring:** Cardiac Monitoring **OR** Telemetry (complete Telemetry order form # 102559) **OR** Holter Monitor: x 24 hours x 48 hours

Respiratory

- Titrate O₂ to keep SpO₂ greater than 92%. If SpO₂ greater than 96% discontinue O₂
- Titrate O₂ to keep SpO₂ greater than 88% and less than 92% if COPD patient with elevated PaCO₂

Lab Investigations

- CBC in a.m. _____ daily x _____ days
- PTT/INR in a.m. _____ daily x _____ days
- Na, K, Cl, Creatinine, BUN, Bicarb (lytes 6) in a.m. _____ daily x _____ days
- Fasting Glucose Hemoglobin A1C
- 12 hour fasting HDL, LDL, Total Cholesterol, Triglycerides
- Thrombophilia Investigation prior to receiving heparin therapy (for patients less than 55 years)
- Rheumatoid workup [include ANA, ENA, ANCA, C3, C4, RF, CRP, APLA] (for patients less than 55 years)

Additional Labs:

Diagnostics

- CXR PA + Lateral - Reason:
- ECG daily x 3 days Echocardiogram - Reason
- CT Scan (Brain) - Reason
- Carotid Ultrasound (Bilateral) - Reason:
- CTA Carotids/Vertebrals - Reason:
- CTA Circle of Willis - Reason:
- CTA - Reason:
- MRI/MRA (Complete Req) - Reason:
- TCD Bubble Study for patients less than 55 years) - Reason:

PRACTITIONER INITIAL

DATE/TIME

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IV Fluids	
<input checked="" type="checkbox"/> 0.9% sodium chloride IV at 75 mL/hour and reassess in the morning	
Anticoagulation	
***No antiplatelet agents e.g. ASA, clopidogrel, prasugrel, ticagrelor; IV heparin; oral anticoagulants e.g. warfarin, dabigatran, rivaroxaban, apixaban for first 24 hours following thrombolytic therapy infusion and until follow up CT has been reviewed. ***	
Therapeutic Anticoagulation:	
<input type="checkbox"/> Heparin IV as per signed Low-Intensity Heparin Nomogram #- <input type="text"/> -	
VTE Prophylaxis:	
<input checked="" type="checkbox"/> Complete the Venous Thromboembolism Prophylaxis Order Set #- <input type="text"/> -	
Antithrombotic Therapy	
***No antiplatelet agents e.g. ASA, clopidogrel, prasugrel, ticagrelor; IV heparin; oral anticoagulants e.g. warfarin, dabigatran, rivaroxaban, apixaban for first 24 hours following thrombolytic therapy infusion and until follow up CT has been reviewed. ***	
<input type="checkbox"/> None required e.g. hemorrhagic stroke, t-PA within the past 24 hours	
<input type="checkbox"/> acetylsalicylic acid (ASA) 325 mg PO for 1 dose (loading dose)	
<input type="checkbox"/> enteric coated acetylsalicylic acid (EC-ASA) 81 mg PO daily	
<input type="checkbox"/> If NPO: ASA 81 mg supp PR daily	
<input type="checkbox"/> clopidogrel 300 mg PO for 1 dose (loading dose)	
<input type="checkbox"/> clopidogrel 75 mg PO daily	
<input type="checkbox"/> extended-release dipyridamole 200 mg/acetylsalicylic acid 25 mg (Aggrenox) 1 capsule PO BID	
Other:	
ACE Inhibitor	
<input type="checkbox"/> ramipril 2.5 mg PO daily for 1 week, THEN ramipril 5 mg PO daily for 1 week, THEN ramipril 10 mg PO daily	Other:
Statin	
<input type="checkbox"/> atorvastatin 40 mg PO daily	Other:
Pain/Fever Management	
*** max acetaminophen from all sources 4,000 mg per 24 hours***	
<input type="checkbox"/> acetaminophen 325 – 650 mg PO/NG/PR q4h PRN	

