



STROKE CENTRES EMERGENCY STANDARD ORDERS TRANSCRIBED

BRHC BTHC PDGH Arrival Date/Time: _____

Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, see list and reaction description on <i>Stroke Centres Emergency Standard Orders</i> CLI.4110.PL.013.FORM.07)		
Initial Assessments and Treatments		Time
Time of Symptom Onset or Last seen Normal (LSN): _____		Initials
Initial Blood Glucose (baseline): _____		
Initial National Institute of Health Stroke Scale (NIHSS) Score (baseline): _____ (See <i>National Institute of Health Stroke Scale</i> CLI.4110.PL.013.FORM.09)		
NO ANTITHROMBOTIC MEDICATIONS TO BE GIVEN UNTIL INTRACRANIAL HEMORRHAGE IS RULED OUT BY COMPUTED TOMOGRAPHY (CT)		
<input checked="" type="checkbox"/> Neurovitals: Initially; then q 15 min. until treatment options determined (document on <i>Neurological Assessment Record: Acute Care</i> CLI.4510.PR.002.FORM.04)		
<input checked="" type="checkbox"/> Supplemental Oxygen: O ₂ at _____ L/min Start O ₂ and titrate up to achieve and maintain SpO ₂ saturation between 94% and 98%.		
<input checked="" type="checkbox"/> IV access: # 1 IV Line: gauge: _____ site: _____ # 2 IV Line: gauge: _____ site: _____ (for CTA: 18 gauge & Right ACF preferred)		
Solution: _____		
<input checked="" type="checkbox"/> Blood Drawn for lab work (Prioritized for INR results).		
<input checked="" type="checkbox"/> To CT by stretcher. Accompanied by Nurse.		
<input checked="" type="checkbox"/> Cardiac rhythm: Analyze and mount strip on the <i>Cardiac Monitor Strip Record</i> (CLI.4510.PR.002.FORM.03).		
<input checked="" type="checkbox"/> 12 lead ECG (after CT or as soon as possible without delay of treatment)		
<input type="checkbox"/> Foley catheter if clinically indicated, prior to Alteplase (tPA); otherwise, insert 5 to 7 hrs. post Alteplase (tPA); remove ASAP. DO NOT delay Alteplase (tPA) due to foley insertion.		
<input checked="" type="checkbox"/> Ensure that Alteplase (tPA) inclusion / exclusion criteria has been completed by Physician.		
<input checked="" type="checkbox"/> Keep NPO pending Swallowing Screen.		
Select stroke positioning for airway management:		
<input type="checkbox"/> R semi fowlers <input type="checkbox"/> L semi fowlers <input type="checkbox"/> Other _____		
Stroke Treatment Options and Disposition Decision:		
<input type="checkbox"/> Alteplase (tPA): Initiate <i>Stroke Centres Alteplase (tPA) Standard Orders</i> (CLI.4110.PL.013.FORM.10).		
<input type="checkbox"/> Admit or <input type="checkbox"/> Transfer to: <input type="checkbox"/> Health Sciences Centre <input type="checkbox"/> St. Boniface Hospital		
<input type="checkbox"/> No Alteplase (tPA): Initiate <i>Stroke Standard Orders: No Alteplase (tPA) / Post Alteplase (tPA)</i> (CLI.4110.PL.013.FORM.02).		
<input type="checkbox"/> Admit to hospital.		
<input type="checkbox"/> Minor Stroke/TIA: initiate <i>Minor Stroke/Transient Ischemic Attack (TIA) Risk Assessment and Standard Orders</i> (CLI.4110.PL.013.FORM.03).		
<input type="checkbox"/> Admit to hospital (recommended for high risk or critical TIA presentations)		
<input type="checkbox"/> Endovascular Therapy: transfer to Health Sciences Centre		