

Name: _____
Room #: _____

STAT

CEREBRAL VASCULAR ACCIDENT

DAY 1 (0-24 HOURS) CONTINUED

15. ACTIVITY:

- Bedrest
- Up with therapy only
- Up with therapy or nursing
- Bedside commode
- Bedrest today & up with therapy on day 2
- Up to chair _____times/day
- Bathroom Privileges
- Up & Ad lib

16. MEDICATIONS:

- Alteplase (tPA) Candidate – **NO** antithrombotic/antiplatelet aggregating drugs for 24 hrs post tPA.
- Aspirin 325mg PO daily
- Clopidogrel 75 mg PO daily
- Weight Based Heparin drip Protocol [after CT scan result]
- Warfarin _____mg PO q D. Hold Warfarin and call physician if:
 - INR: less than ___ or greater than ___ OR PT: less than ___ or greater than ___seconds
- O₂ per N/C 2-3L/min if O₂ sat less than or equal to 92. Notify MD if Pulse Oximetry less than or equal to 92 on O₂

DVT Prophylaxis

- Heparin 5,000 units subcutaneous q 12 hours (if no hemorrhage on CT and not on Warfarin /Heparin)
- Enoxaparin _____mg q _____
- SCD's

Other Medications/Home Medications as follows:

17. CONSULTS

- Neurology Physician: _____
- Speech/Language Evaluation & therapy
- Swallow Evaluation: Yes No
- If yes, may order video swallow eval & diet, per speech therapy recommendation Yes No
- Rehab/Physiatry PT Eval & Therapy OT Eval & Therapy
- Nutrition Care Manager Social Worker

18. OTHER:

- NIH Stroke Scale if tPA candidate
- Aspiration Precautions
- Bowel/Constipation Protocol
- Bleeding Precautions(if on anticoagulants)

Physician Signature: _____

Date: _____

Time: _____

Name: _____
 Room #: _____

STAT

CEREBRAL VASCULAR ACCIDENT

DAY 2 (24-48 HOURS)

1. Unit/Floor: _____ Transfer to: _____
2. DIAGNOSTICS
 MRI Other: _____
3. LABORATORY
 PT/INR daily if on Warfarin Other: _____
4. VITALS: q 4 hrs X 24 hours; if stable, q 8 hours
 Notify MD if: T greater than 101.5; R less than 10 or greater than 30; SBP less than 100 or greater than 170; DBP greater than 100
5. NEURO CHECKS q _____ hrs X _____ hrs. _____
6. I&O/BLADDER PROGRAM: _____
7. DIET/HYDRATION:
 Intermittent Saline Lock IV site Diet per Speech Therapy recommendation
 IV _____ @ _____ mL/hr Other: _____
 Discontinue IV if adequate oral intake
8. ACTIVITY: _____
9. MEDICATIONS:
 Warfarin _____ mg PO daily. Hold Warfarin and call physician if:
 INR: less than _____ or greater than _____ OR PT: less than _____ or greater than _____ seconds
 Other: _____
10. CONSULTS
 Neurology Physician: _____ Rehab/Physiatry Other: _____
11. OTHER:
 Function Independence Mobility Scale by Rehab Staff Home Health Care
 Patient/Family CVA Instruction Other: _____
 Bleeding Precautions

Physician Signature: _____

Date: _____

Time: _____

Name: _____
Room #: _____

STAT

CEREBRAL VASCULAR ACCIDENT

DAY 3 (48-72 HOURS)

- 1. Unit/Floor: _____ Transfer to: _____
- 2. DIAGNOSTICS: _____
- 3. LABORATORY: _____
- 4. VITALS: q _____ hrs
Notify MD if: T greater than 101.5; R less than 10 or greater than 30; SBP less than 100 or greater than 170; DBP greater than 100
- 5. NEURO CHECKS: q _____ hrs
- 6. I&O/BLADDER PROGRAM:
 Discontinue I&O Other _____
- 7. DIET/HYDRATION:
 Diet per Speech Therapy recommendation
 Other: _____
- 8. ACTIVITY:
 As tolerated Other: _____
- 9. MEDICATIONS:
 Warfarin _____ mg PO daily. Titrate per INR
Other: _____

- 10. CONSULTS
 Rehab/Physiatry Other: _____
- 11. OTHER:
 Home Health Care Home Health Equipment Referral
 SNF Evaluation Function Independence Mobility Scale by Rehab Staff
 Other: _____

Physician Signature: _____
Date: _____
Time: _____