**Final Diagnosis:**

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

Admit to: [ ] Unit  [ ] Observation Bed

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic Stroke: Describe:</td>
</tr>
<tr>
<td>Haemorrhagic – Intracerebral bleed: Describe:</td>
</tr>
<tr>
<td>Transient ischemic attack: Describe:</td>
</tr>
<tr>
<td>Stroke not otherwise specified: Describe:</td>
</tr>
</tbody>
</table>

**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
- Dieterian - 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:
### Order set:

**STROKE ADMISSION**  
Saskatchewan Acute Stroke Pathway Protocols

### Activity

- [ ] 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:
**STROKE ADMISSION**  
Saskatchewan Acute Stroke Pathway Protocols

### IV Fluids
- 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:
- [ ] Heparin IV as per signed Low-Intensity Heparin Nomogram

VTE Prophylaxis:
- [ ] Complete the Venous Thromboembolism Prophylaxis Order Set

### 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.***

- [ ] None required e.g. hemorrhagic stroke, t-PA within the past 24 hours
- [ ] acetylsalicylic acid (ASA) 325 mg PO for 1 dose (loading dose)
- [ ] enteric coated acetylsalicylic acid (EC-ASA) 81 mg PO daily
- [ ] If NPO: ASA 81 mg supp PR daily
- [ ] clopidogrel 300 mg PO for 1 dose (loading dose)
- [ ] clopidogrel 75 mg PO daily
- [ ] extended-release dipyridamole 200 mg/acetylsalicylic acid 25 mg (Aggrenox) 1 capsule PO BID

### Other:

**ACE Inhibitor**

- [ ] ramipril 2.5 mg PO daily for 1 week,  
  THEN ramipril 5 mg PO daily for 1 week,  
  THEN ramipril 10 mg PO daily

**Statin**

- [ ] atorvastatin 40 mg PO daily

**Pain/Fever Management**

*** max acetaminophen from all sources 4,000 mg per 24 hours***

- [ ] acetaminophen 325 – 650 mg PO/NG/PR q4h PRN
<table>
<thead>
<tr>
<th>Nausea Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- dimenhydrinate 25 – 50 mg PO q4h PRN</td>
</tr>
<tr>
<td>- dimenhydrinate 12.5 – 50 mg IV/Subcutaneous q4h PRN</td>
</tr>
<tr>
<td>- metoclopramide 10 mg PO/IV q6h PRN for gastric stasis or opioid induced nausea/vomitting</td>
</tr>
<tr>
<td>- ondansetron 4 mg IV q8h prn x 48 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bowel Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Bisacodyl Suppository 10 mg PR Daily PRN</td>
</tr>
<tr>
<td>- Lactulose 15 – 30 mL PO BID PRN</td>
</tr>
<tr>
<td>- Magnesium hydroxide 80 mg/mL liquid 30 mL PO BID PRN</td>
</tr>
<tr>
<td>- Sennosides 8.6 mg 1-2 tabs PO BID PRN</td>
</tr>
<tr>
<td>- Sodium phosphate enema 1 enema PR PRN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Smoking Cessation</th>
</tr>
</thead>
<tbody>
<tr>
<td>If required, order and complete the Nicotine Replacement Therapy Order set #-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Orders:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>