



## Stroke Ischemic - TIA

### Order Set Directions:

 = Performance Indicator

(√)-Check orders to activate. Orders with a pre-checked box  will be followed unless lined out.  
Initial every order page & Sign, date, and time the last page.

### Respiratory

- Oxygen per cardiopulmonary (Protocol #O2)
- Oxygen administration @ \_\_\_\_\_ L/min via \_\_\_\_\_

### IV Fluids

- Saline lock
- Sodium Chloride 0.9% 1000mL @ rate \_\_\_\_\_ mL/hour
- IV Fluids: \_\_\_\_\_ @ \_\_\_\_\_ mL/hr

### Medications

#### Antipyretics

acetaminophen (TYLENOL)

- 650 mg PO every 4 hours PRN for fever
- 1000 mg PO every 6 hours PRN for fever or pain

#### Platelet Inhibitors

aspirin-dipyridamole (AGGRENOL)

- 1 capsule PO 2 times a day

**OR**

clopidogrel (PLAVIX)

- 300 mg PO once loading dose, then 75 mg PO daily

**AND**

aspirin

- 325 mg PO daily
- 81 mg PO daily

Use Plavix or Aggrenol if:  
- second TIA  
- 36 hours after a CVA

Provider initials: \_\_\_\_\_



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### Laboratory

- Lipid panel
- Cardiac panel
- Complete blood count (CBC)
- Erythrocyte sedimentation rate (sed rate)
- Factor V Leiden
- Antithrombin III
- Lupus anticoagulant (must be performed before administration of anticoagulants)
- Partial thromboplastin time (PTT), activated
- Prothrombin time (PT)
- Hypercoagulation panel (must be performed before administration of anticoagulants)
- Basic metabolic panel (BMP)
- Comprehensive metabolic panel (CMP)
- Urinalysis (UA) with microscopy
- Toxicology drug screen, urine

Consider Lipid-Regulating Agents if LDL greater than 100 mg/dl (less than 70 for very high-risk patients)

### Immunizations (if indicated)

#### **Immunizations: Influenza Virus**

influenza virus vaccine, inactivated (AFLURIA; FLUZONE) October through March only

- 0.5 ml intramuscularly once

#### **Immunizations: Pneumococcal**

Pneumococcal 23 – valent vaccine (PNEUMOVAX)

- 0.5 ml intramuscularly once

### Consults

- Consult to physical therapy
- Consult to social service
- Consult to cardiology
- Consult to neurology

### Other Orders

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### Venous Thromboembolism Prophylaxis (VTE)

#### Moderate Risk (Score = 2)

##### Prophylaxis recommended:

- Sequential Compression Devices (SCD)

#### High Risk (Score = 3-4)

##### or Very High Risk (Score = 5 or more)

##### Prophylaxis recommended:

Recommend Lovenox or Heparin in **addition to**  
pneumatic compression device.

If surgery is anticipated consider heparin vs. Lovenox

- Sequential Compression Devices (SCD)

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for CrCl less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 12 hours

#### Check all factors & total for risk factor score:

- (1) Age 40-60 years
- (1) Leg swelling, ulcers, varicose veins
- (1) Pregnancy or postpartum less than 1 month
- (1) Estrogen therapy/Birth control pills
- (1) Inflammatory bowel disease
- (1) Obesity (greater than 20% over ideal body weight)
- (1) Family history of DVT
- (1) Minor surgery/Anesthesia time less than 1 hour
- (2) Major surgery/Anesthesia time more than 1 hour
- (2) Anticipated bed confinement or immobilization more than 24 hours
- (2) Acute respiratory failure/severe COPD
- (2) Age greater than 60 years
- (3) Malignancy and/or chemotherapy
- (3) Documented history of VTE
- (3) Congestive HF or Myocardial Infarction
- (3) Sepsis
- (5) Stroke with paralysis
- (5) Elective knee or hip arthroplasty
- (5) Hip, pelvis, or leg fracture
- (5) Major trauma or spinal cord injury

#### Total Risk Score

#### Anticoagulants not prescribed due to:

- Patient is ambulatory
- Active hemorrhage
- Patient currently on anticoagulants
- Abnormal creatinine clearance
- Epidural /spinal catheter in place
- Patient has heparin induced thrombocytopenia
- Platelet count less than 100,000 mm<sup>3</sup>
- Severe trauma to head, spinal cord, or extremities with hemorrhage within the last 4 weeks
- Active intracranial lesion/neoplasms/monitoring devices
- Warfarin use in the first trimester of pregnancy
- Coagulopathy (PT greater than 18 sec, INR greater than 2)
- GI/GU hemorrhage within the past 6 months, history of cerebral hemorrhage
- Proliferative retinopathy
- Uncontrolled hypertension (SBP greater than 200, DBP greater than 120, or both)
- End stage liver disease

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

