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# PHYSICIAN'S ORDER SHEET

**ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT  
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET  
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.**

	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	<b>STROKE - CLINICAL PATHWAY</b>	<b>PAGE 1 of 1</b>
			<b>DAY 1</b>	
PATIENT IDENTIFICATION			<b>ALLERGIES:</b>	
			<b>DATE:</b> <b>TIME:</b> ( Military Time )	
			<b>ADMIT PATIENT TO:</b> <b>ATTENDING:</b>	
			<b>DIAGNOSIS:</b> <b>STROKE</b>	
			<b>ACTIVITIES:</b> Bed rest, Place H.O.B. 30 degrees, Reposition every 2 hours	
			<b>LABS:</b> if not done in ER	
			CBC, CMP-1, PT, PTT, CXR, EKG, CT of HEAD w/o contrast, Pulse Ox q ____ Hour x ____ hrs	
			<b>DIET:</b> NPO x 12 hours	
			<b>DIET:</b> _____ (As per Stroke Team - Nurse to observe first meal)	
			<b>IVS:</b> Saline Lock	
			<b>CONSULTS:</b> Stroke Team (as 400 entry), Neurologist _____	
			<b>TREATMENTS:</b> Pneumatic compression device, Incontinence and Pressure Ulcer Prevention and/or Management, Fall Protocol	
			O2 2 L / NC if Pulse ox < 92% on Room Air	
			<b>VITAL SIGNS:</b> VS q 4 hours, I/O q shift, Neuro Checks q ____ hours	
			<b>MEDS:</b>	

<b>FAXED BY/TIME:</b>	<b>TIME NOTED:</b>	Doctor's Signature _____, MD Date _____ Nurse's Signature / Title _____
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**Military Time > >**

**USE BALL POINT PEN ONLY - PRESS FIRMLY**

**PART OF THE MEDICAL RECORD**