

UMC Health System STROKE NEW ONSET PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	DX Chest PA & Lateral <input type="checkbox"/> STAT, Code Stroke Protocol
	CT Head, Neck Angiography <input type="checkbox"/> STAT, Code Stroke Protocol
	VL Carotid Duplex (Vascular Lab)
Physical Medicine and Rehab	
	Consult Speech Therapy for Eval & Treat <input type="checkbox"/> Other, Stroke New Onset Evaluation
	Consult PT Mobility for Eval & Treat <input type="checkbox"/> Other, Stroke New Onset Evaluation
	Consult Occ Therapy for Eval & Treat <input type="checkbox"/> Other, Stroke New Onset Evaluation
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Neurology, Reason: Possible New Onset of Stroke within 3 hours

TO Read Back

Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____