

DOCTOR ORDER SHEET - PRASAT HOSPITAL

ชื่อ..... HN..... อายุ เพศ.....
 Attending Physician เตียง อาคาร

Acute Hemorrhagic Stroke

PROGRESS NOTE	DATE	ORDER FOR ONE DAY	ORDER FOR CONTINUATION
<p>DIAGNOSIS _____ _____</p> <p>CT Brain _____ _____ _____ _____</p> <p>Largest diameter = _____ cm.</p> <p>GCS _____</p> <p>Barthel Index _____</p> <p>status เดิม _____</p>		<ul style="list-style-type: none"> <input type="radio"/> Admit Stroke Unit <input type="radio"/> Blood for CBC, BUN/Cr, Electrolyte, PT,PTT,INR, LFT, Anti-HIV <input type="radio"/> CT Brain without Contrast (Emergency) <input type="radio"/> Chest Radiography <input type="radio"/> EKG 12 leads <input type="radio"/> Observe GCS every 2 hours If GCS drop > 2 pls notify <input type="radio"/> Record vital sign every 15 min. x 4 times then every 30 min x 2 times then every 2 hours to keep BP < 140/90 mmHg <input type="radio"/> if SBP > 140 mmHg; Nicardipine 20 mg in NSS 100 ml (1:5) IV drip start 15 ml/hr (3 mg/hr) then titrate 10 ml/hr each, every 15 min <input type="radio"/> DTX _____ mg% then DTX q ___ hr keep 140-180 mg/dL <input type="radio"/> 0.9% NaCl 1000 ml IV drip _____ ml/hr <input type="radio"/> NPO <input type="radio"/> Blood for FBS, Lipid Profile tomorrow <input type="radio"/> Consult PM&R [] Retained NG tube [] Retained foley’s catheter 	<ul style="list-style-type: none"> <input type="radio"/> Diet as one day <input type="radio"/> Bed rest <input type="radio"/> Head tilt 30-45 Degree <input type="radio"/> Record V/S, I/O Medication _____ _____ _____ _____ _____ _____ _____ _____ หมายเหตุ criteria for Refer <ul style="list-style-type: none"> - SAH, IVH - Infratentorial lesion - Lobar hemorrhage - GCS<13 - Largest diameter of hematoma > 2.5 cm - Midline shift > 0.5 cm - Hydrocephalus