DATE	TIME	ORDERS: Intracerebral Hemorrhage		
		Allergies: Weight in kg:		
		Provider:		
		I. Elevate head of bed 10 to 20 degrees.		
		II. PHYSICIAN'S ORDERS (Implement ALL orders unless crossed out by physician)		
		Keep patient NPO		
		<ul> <li>Review and document in medical record receipt of results for CT scan, CBC, platelet count, PT, INR, PTT, Glucose, CMP, Cardiac enzymes and EKG</li> </ul>		
		Vital signs and neuro checks every 15 minutes		
		Support ABC's and initiate additional orders as necessary:		
		III BUVEICIAN MEDICATION ORDERS		
		III. PHYSICIAN MEDICATION ORDERS  Management of Blood Pressure		
		Labetalol (Trandate)		
		Administer:		
		Labetalol 20mg IV push over 2 minutes PRN for SBP>185 or DBP>110 Hold if HR<50. Recheck BP in 10 minutes.		
		***May repeat every 10 minutes as blood pressure indicates to a max dose of 300mg***		
		Consider Labetalol drip		
		<ul> <li>Nitro paste 1 - 2 inches transdermal PRN for SBP&gt;185 or DBP&gt;110 after second dose Labetalol</li> </ul>		
		If patient is on Coumadin or if INR>1.5  ■ Vitamin K 10 mg IV STAT x one dose		
		IV. Consult Primary Stroke Center Neurologist on call		
		Consult with patient and family on decision to transport or comfort care.		
		<ol><li>Consult primary Stroke Center Physician/Neurologist on call and obtain acceptance if applicable</li></ol>		
		Complete Region 6 forms and prepare to transport to accepting Primary Stroke Center		

PHYSICIAN SIGNATURE:	Date/Time:	

