Use Stroke Post Alteplase (tPA) Infusion Orderset (#1020) for post infusion orders.

Need RESULTS of the following labs/exams BEFORE ADMINISTRATION of tPA.
> platelet count
> CBC with diff
> glucose- finger stick
> APTT (if on heparin)
> PT/INR (if on wafarin)

2009 ASA Science- Advisory Expansion of tPA window

URL: Q:\Micromedex\PDF\del Zoppo et al Expansion of Window Stroke 2009.pdf

Information

Announcements
ADMIT order REQUIRED to be entered to complete admission process for all appropriate ordersets.

STEP 1: answer the Stroke Questionnaire PRIOR to ordering medication

STROKE QUESTIONNAIRE- Check the appropriate response to EACH screening questions.
The following screening criteria will be utilized by the physician to assess appropriateness of Alteplase (Activase, tPA) in treating patients with Acute Ischemic Stroke.

| STROKE QUESTIONNAIRE: for patients within 3 hours of symptom onset. | Is the patient greater than 18 yrs old?: Evidence of Intracranial Hemorrhage on CT scan: Neurological signs that are minor or clearing spontaneously: Evidence of major infarction on CT scan (greater than 1/3 hemisphere): INR greater than 1.7: Pt has received Heparin within the prior 48 hours and has any elevation of PTT: IV or IA thrombolytic administered prior to arrival: Arterial puncture at a non-compressible site in the previous 7 days: Pt has had major surgery in the previous 14 days: History of GI bleed or urinary tract hemorrhage within 21 days: Hx of stroke or head trauma in the previous 3 months: History of intracranial hemorrhage: Myocardial infarction in the previous 3 months: No evidence of active bleeding or acute trauma (fracture) on exam: BP greater or equal to 185/110 or aggressive management needed: Blood glucose less than 50: Seizure with postictal residual neurological impairment: Platelet count less than 100,000: Patient and/or family refuses: Known aneurysm, AVM, or intracranial neoplasm: |
**STROKE QUESTIONNAIRE:** for patients within 3 to 4.5 hours of symptom onset

- Patient is LESS than 18 yrs old or GREATER than 80 yrs old:
- Neurological signs that are minor or clearing spontaneously:
- Evidence of major infarction on CT scan (greater than 1/3 hemisphere):
- Use of warfarin, regardless of INR:
- Pt has received Heparin within the prior 48 hours and has any elevation of PTT:
- IV or IA thrombolytic administered prior to arrival:
- Arterial puncture at a non-compressible site in the previous 7 days:
- Pt has had major surgery in the previous 14 days:
- History of GI bleed or urinary tract hemorrhage within 21 days:
- Hx of stroke or head trauma in the previous 3 months:
  - History of intracranial hemorrhage:
  - Myocardial infarction in the previous 3 months:
  - No evidence of active bleeding or acute trauma (fracture) on exam:
  - BP greater or equal to 185/110 or aggressive management needed:
  - Blood glucose less than 50:
  - Seizure with postictal residual neurological impairment:
  - Platelet count less than 100,000:
  - Patient and/or family refuses:
  - Known aneurysm, AVM, or intracranial neoplasm:
  - History of stroke AND diabetes:
  - NIHSS greater than 25:

**STEP 2: Proceed with order entry if answered "NO" to ALL questions.**

**Vital Signs**

- ✔️ **VITAL SIGNS**
  
  Routine, UNTIL DISCONTINUED, Starting today For Until specified, every 15 mins for 2 hours, then every 30 minutes for 6 hours, then every hour for 16 hours post initiation of tPA infusion then per routine.

**Neurological Checks**

- ✔️ **NEUROLOGICAL CHECKS**
  
  Routine, UNTIL DISCONTINUED, Starting today For Until specified, Post Alteplase Infusion with vital signs

**Activity**

- ✔️ **BEDREST**
  
  Now, UNTIL DISCONTINUED, Starting today For 24 Hours

**Nurse Swallow Screen**

- ✔️ **Nurse Swallow Screen**
  
  STAT, UNTIL DISCONTINUED, Starting today For Until specified, PRIOR TO ANY ORAL INTAKE

- ✔️ If patient PASSES Nurse Swallow Screen...
  
  Routine, UNTIL DISCONTINUED, Starting today For Until specified, Order dysphagia tray until diet order can be obtained from MD

- ✔️ If patient FAILS Nurse Swallow Screen...
  
  Routine, UNTIL DISCONTINUED, Starting today For Until specified, Keep NPO with IV fluids and Head of
IV ACCESS

- **PERIPHERAL IV**
  - Now, UNTIL DISCONTINUED, Starting today For Until specified, Patient to have 2 large bore patent IV sites- #18 or #20 gauge PRIOR to start of Alteplase

IV Therapy

- **NS infusion**
  - 100 mL/hr, Intravenous, CONTINUOUS Starting today at 9:34 AM For 24 Hours
- **NS with KCl 20 mEq/L infusion**
  - 100 mL/hr, Intravenous, CONTINUOUS Starting today at 9:34 AM For 24 Hours

Pre Treatment Labs - RESULTS REQUIRED PRIOR to administration of TPA

- **CBC WITH DIFFERENTIAL**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed
- **GLUCOSE**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Unit Performed, If not already performed
- **APTT (if on heparin)**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed, If not already performed
- **PT-INR (if on wafarin)**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed, If not already performed

Pre Treatment Labs - RESULTS NOT REQUIRED prior to administration of TPA

- **CHEM 8+ ISTAT**
  - STAT, ONE TIME, Starting today For 1 Occurrences, If not already performed
- **CPK MB**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed, If not already performed
- **CPK MB (WILLIAMSBURG)**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed, If not already performed
- **TROTONIN (T) QUANTITATIVE**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed, If not already performed
- **DRUG SCREEN URINE-6**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed, If not already performed
- **URINALYSIS**
  - STAT, ONE TIME, Starting today For 1 Occurrences, Lab Performed, If not already performed
- **EKG 12 LEAD UNIT PERFORMED**
  - START, UNTIL DISCONTINUED, Starting today For Until specified, If neurologic deterioration, change in mental status, new onset headache, nausea, vomiting, pupillary changes, acute INCREASE in blood pressure or bleeding

Nurse to Notify MD

- **NOTIFY MD... STOP alteplase (TPA) infusion**
  - STAT, UNTIL DISCONTINUED, Starting today For Until specified, If neurologic deterioration, change in mental status, new onset headache, nausea, vomiting, pupillary changes, acute INCREASE in blood pressure or bleeding

Nursing Orders
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESS- puncture sites</td>
<td>Routine, PRN, Starting today For Until specified, For bleeding or hematoma</td>
</tr>
<tr>
<td>COOLING BLANKET</td>
<td>Routine, PRN, Starting today For Until specified, For temperature GREATER than 100.4 °F</td>
</tr>
<tr>
<td>INTAKE AND OUTPUT</td>
<td>Routine, UNTIL DISCONTINUED, Starting today For Until specified, Per nursing unit routine</td>
</tr>
</tbody>
</table>

### Alteplase Bolus and Infusion

- **alteplase (ACTIVASE) bolus dose - 0.09 mg/kg**
  - 0.09 mg/kg, Intravenous, ONCE Starting today at 9:34 AM For 1 Dose(s)

- **alteplase (ACTIVASE) infusion - 0.81 mg/kg**
  - 0.81 mg/kg, Intravenous, ONCE Starting today at 9:34 AM For 1 Dose(s)

### Blood Pressure Management - patients WITHOUT CHF or COPD. Goal is to maintain blood pressure LESS than 180/105 before, during, and for 24 hours after alteplase infusion. Select only ONE

- **labetalol (NORMODYNE) 5 mg/mL syringe - q10 minutes PRN**
  - 10 mg, IV PUSH, EVERY 10 MIN PRN Starting today at 9:34 AM For 30 Dose(s)

- **nicardipine (CARDENE) in NS 20 mg/200 mL IV**
  - 5 mg/hr, Intravenous, CONTINUOUS-PRN Starting today at 9:34 AM

### Blood Pressure Management - patients WITH CHF or COPD. Goal is to maintain blood pressure LESS than 180/105 before, during, and for 24 hours after alteplase infusion. Select only ONE

- **enalaprilat (VASOTEC) injection**
  - 1.25 mg, IV PUSH, EVERY 6 HOURS PRN Starting today at 9:34 AM

- **nitroPRUSSide (NIPRIDE) 50 mg in D5W 250 mL Infusion**
  - 0.5 mcg/kg/min, Intravenous, CONTINUOUS Starting today at 9:34 AM

### Respiratory

- **OXYGEN (CANNULA/MASK)**
  - Oxygen device: CANNULA
    - Liters per minute: 2 LPM
    - Keep oxygen saturation EQUAL to or GREATER than 95%. (If patient has COPD maintain oxygen saturation 90-94%)

### For Administrative Purpose Only

**DO NOT de-select item(s)**

- **STROKE ALTEPLASE TPA INFUSION ORDERSET- Version 2 released 5/4/10**
  - Details