Preprinted Physician Orders: Infusion of tPA (Alteplase/Activase) to Treat Ischemic Stroke

Refer to policies for monitoring guidelines/indications/contraindications:

1. Emergency Department Policy: Care of Ischemic Stroke Patients Receiving Thrombolytic Therapy (tPA-tissue plasminogen activator)
3. Start @ least two (2) peripheral IVs, one for TPA, and one for infusion of other drugs.

DO NOT ADMINISTER ANY OTHER MEDICATION THROUGH TPA LINE. DO NOT REMOVE ANY IV LINES DURING THE TPA INFUSION. DO NOT FILTER.

4. If indicated: □ Place Foley Catheter prior to administration of tPA.
5. Baseline vital signs and fingerstick blood glucose.
6. Maintain systolic blood pressure less than 185.
7. Maintain diastolic blood pressure less than 110.
8. Medicate with ________________________________ to control blood pressure.

ED policy: tPA Stroke Guidelines

1. Obtain patient weight: ________ kg.
2. Total dose = __________ (0.9mg/kg, MAXIMUM 90mg)
3. Reconstitute appropriate size vial (50mg or 100 mg) based on total dose calculated above.
4. Administer bolus dose of ________mg IV over one (1) minute.
   (Bolus dose is 10% of total calculated dose in #2 above)
5. Prepare bolus dose in one of the following ways:
   a. Remove the appropriate volume from the vial of reconstituted (1 mg/mL) Activase using a syringe and needle. If the 50 mg vials are used, the syringe should not be primed with air, and the needle should be inserted into the Activase vial stopper. If the 100 mg vial is used, the syringe should not be primed with air and the needle should be inserted away from the puncture mark made by the transfer device.
   b. Remove the appropriate volume from a port (second injection site) on the infusion line after the infusion set is primed.
   c. Program the infusion pump to deliver the appropriate volume as a bolus at the initiation of the infusion.

Physician Signature: ____________________________ Date and Time: ____________________________

FirstHealth
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6. Administer the remainder of the Activase dose ______ mg IV over 59 minutes as follows:
   a. 50 mg vials - Administer using either polyvinyl chloride bag or glass vial and infusion set.
   b. 100 mg vial - Remove from the vial any quantity of drug in excess of that specified for patient treatment. Insert the spike end of an infusion set through the same puncture site created by the transfer device in the stopper of the vial of reconstituted Activase. Hang the Activase vial from the plastic-molded capping attached to the bottom of the vial.

**DO NOT FILTER**

1. Prepare patient for transport and admission to Moore Regional Campus.
2. Cardiac monitoring.
3. Bleeding precautions: No nasal intubation or brachial artery punctures.
4. Do not discontinue any IV sites until at least six (6) hours post tPA infusion.
5. Compress all puncture sites for 15 minutes by manual pressure and/or apply pressure dressing as needed.
6. Neuro checks and vital signs with blood pressure every 15 minutes x 2 hours with initiation of infusion, then every 30 minutes x 6 hours, then every 1 hour x 24 hours, then vital signs per routine.
7. Immediately notify physician of any neurological changes or vital sign changes, and place tPA infusion on hold. Reinitiate with physician order.
8. Upon completion of tPA infusion, convert IV site to saline lock. Flush every shift with normal saline.
9. IV sites may be used for clinical lab samples.
10. PT, PTT, and platelet count 1 hour post-tPA infusion.
11. PT, PTT, and platelet count every day.
12. Repeat CT scan of the head, without contrast in 24 hours post tPA infusion.
13. No concomitant heparin, LMWH, warfarin or aspirin during the first 24 hours.

Physician Signature: ________________________________  Date and Time: ____________________________