Highline Intra-Arterial Infusion of Alteplase Pre/Intra Procedure  [30400926]

**Provider Initial:**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Allergies</th>
</tr>
</thead>
</table>

### General - Pre-Procedural

- **Pre-Procedural Vital Signs**

<table>
<thead>
<tr>
<th>Vital signs</th>
<th>Routine, Every 4 hours, Starting today For Until specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent vital signs</td>
<td>Indication:</td>
</tr>
<tr>
<td></td>
<td>Q15 minutes x (# of occurrences): ________________________</td>
</tr>
<tr>
<td></td>
<td>Q30 minutes x (# of occurrences): ________________________</td>
</tr>
<tr>
<td></td>
<td>Q1 hour x (# of occurrences): ___________________________</td>
</tr>
<tr>
<td></td>
<td>Q2 hours x (# of occurrences): __________________________</td>
</tr>
<tr>
<td></td>
<td>Q4 hours x (# of occurrences): __________________________</td>
</tr>
<tr>
<td></td>
<td>Then: ___________________________</td>
</tr>
<tr>
<td></td>
<td>Until discontinued, Starting today</td>
</tr>
</tbody>
</table>

- **Cardiac Monitoring**

<table>
<thead>
<tr>
<th>Cardiac monitoring</th>
<th>Routine, Until discontinued, Starting today</th>
</tr>
</thead>
</table>

- **Nursing Interventions**

<table>
<thead>
<tr>
<th>Insert peripheral IV</th>
<th>Routine, Once, Starting today For 1 Occurrences, Place a large bore peripheral IV catheter in addition to infusion site for blood draws: Avoid discontinuing of vascular access during therapy and for 24 hours after completion of therapy. (Compress for 15 to 20 minutes if unavoidable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid IM injections</td>
<td>Routine, Until discontinued, Starting today</td>
</tr>
</tbody>
</table>

#### Diet

- **Diet NPO**
  - Diet effective now, Starting today
  - NPO Except: ________________________
  - Diet Comments: ________________________

- **Diet Cardiac**
  - Diet effective now, Starting today
  - Select/Nonselect: ________________________ **REQUIRED**
  - Additional Modifiers: Low Fat
  - Viscosity/Liquids: ________________________
  - Texture: ________________________
  - Fluid Restriction / day: ________________________
  - Supplements: ________________________

- **Diet Liquid**
  - Diet effective now, Starting today
  - Diet: Clear or Full ________________________ **REQUIRED**
  - Additional Modifiers: ________________________
  - Viscosity/Liquids: ________________________

- **Diet General**
  - Diet effective now, Starting today
  - Select/Nonselect: ________________________ **REQUIRED**
  - Additional Modifiers: ________________________
  - Viscosity/Liquids: ________________________
  - Texture: ________________________
  - Fluid Restriction / day: ________________________
  - Sodium Modifiers: ________________________
  - Supplements: ________________________

**PATIENT INFORMATION**

- **Franciscan Health System**
  - St. Joseph Medical Center
  - St. Francis Hospital - St. Clare Hospital
  - St. Elizabeth Hospital - St. Anthony Hospital
  - Highline Medical Center
  - Harrison Medical Center
  - Franciscan Medical Group
  - Harrison HealthPartners
  - Regional Hospital

**PHYSICIAN ORDERS**

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Page 1 of 2

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Provider Initial:______________

Highline Intra-Arterial Infusion of Alteplase
Pre/Intra Procedure [30400926]

Diet Diabetic
Diet effective now, Starting today
Diet, Diabetic: Renal or Gestational ____________________________________________
Select/Nonselect: _______________________ REQUIRED
Additional Modifiers: __________________________________________________________
Viscosity/Liquids: _____________________________________________________________
Texture: ___________________________________________________________________
Fluid Restriction / day: _________________________________________________________
Sodium Modifiers: _____________________________________________________________
Supplements: __________________________________________________________________
Total Calories: __________________________________________________________________

LABS - PRE-PROCEDURE

Diet, Diabetic: Renal or Gestational
Select/Nonselect: _______________________ REQUIRED

Viscosity/Liquids: _____________________________________________________________
Texture: ___________________________________________________________________
Fluid Restriction / day: _________________________________________________________
Sodium Modifiers: _____________________________________________________________
Supplements: __________________________________________________________________
Total Calories: __________________________________________________________________

LABS - PRE-PROCEDURE

Diet, Diabetic: Renal or Gestational
Select/Nonselect: _______________________ REQUIRED

Viscosity/Liquids: _____________________________________________________________
Texture: ___________________________________________________________________
Fluid Restriction / day: _________________________________________________________
Sodium Modifiers: _____________________________________________________________
Supplements: __________________________________________________________________
Total Calories: __________________________________________________________________

LABS - PRE-PROCEDURE

Diet, Diabetic: Renal or Gestational
Select/Nonselect: _______________________ REQUIRED

Viscosity/Liquids: _____________________________________________________________
Texture: ___________________________________________________________________
Fluid Restriction / day: _________________________________________________________
Sodium Modifiers: _____________________________________________________________
Supplements: __________________________________________________________________
Total Calories: __________________________________________________________________

PRE-PROCEDURE MEDICATIONS

Acid Reduction

famotidine (PEPCID) IV or ORAL
20 mg, IntraVENous, 2 times daily

famotidine (PEPCID) IV syringe
20 mg, IntraVENous, 2 times daily

famotidine (PEPCID) tablet
20 mg, Oral, 2 times daily

INTRA-PROCEDURE

Alteplase (Single Response) REQUIRED

Alteplase multi-rate panel for IR
2 mg/hr, IntraARTerial, Continuous

Alteplase (ACTIVASE) 0.5 mg/mL vascular infusion highline
2 mg/hr, IntraARTerial, Continuous

Alteplase (ACTIVASE) 0.5 mg/mL vascular infusion highline
1 mg/hr, IntraARTerial, Continuous

Heparin 50 units/mL standard infusion 500 mL
400 Units/hr, IntraVENous, Continuous

Infuse into peripheral IV OR via the sheath. Goal is to keep aPTT within normal range (21 - 30 seconds) during heparin infusion. Do not change infusion without confirming with Interventional Radiologist first. Routine

Date: _______ Time: _______
Printed Name of Ordering Provider: _____________________________________________
Provider Signature: __________________________________________________________

Date: _______ Time: _______
RN Acknowledged: ___________________________________________________________