Intravenous Alteplase (tPA) for Acute Ischemic Stroke [30400598]

<table>
<thead>
<tr>
<th>Height</th>
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**General**

Complete Fibrinolytic eligibility checklist in Epic.

**Fibrinolytic Eligibility (Single Response) [121278]**

<table>
<thead>
<tr>
<th>Patient meets criteria for IV Alteplase [NUR185]</th>
<th>Routine, Until discontinued, Starting S, Patient/Family counseled regarding IV alteplase (tPA) Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient does NOT meet criteria for administration of IV alteplase (tPA) [NUR185]</td>
<td>Routine, Until discontinued, Starting S Reason for not meeting criteria:</td>
</tr>
</tbody>
</table>

**Consent [121282]**

[X] Verify Provider obtained consent for TPA in 3-4.5 hour window only [NUR542] Routine, Once For 1 Occurrences Indicate one of the following to confirm the patient/representative has given informed consent:

**Vital Signs [231705]**

[X] Complete NIH Stroke Scale [NUR2056] Routine, Once For 1 Occurrences, NIH Stroke Scale on admission, pre-treatment, post-treatment, 24 hours, handoff, discharge, and with any changes in neurological status. Notify Provider of initial score and any increase of 2 points, and full NIH at discharge.

**Provider’s Initial: __________**
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Pre-tPA Treatment [121284]

[X] Physician/RN must document one NIH stroke scale prior to administering tPA [NUR185]  Routine, Until discontinued, Starting S

[X] Initiate 2nd IV access [NUR562]  Routine, Until discontinued, Starting S

[X] Pre-tPA Vital Signs and Neuro Checks [NUR490]  Routine, Once, Starting S For 1 Occurrences

[X] Insert urinary retention catheter [NUR380]  Routine, As needed
Type of Catheter: Simple indwelling cath
Insert as needed for inability to void or feelings of discomfort or distention.

Initiate Medical Staff Approved Urinary Catheter Protocol. Do not delay tPA for catheter placement. Urinary catheter may be placed 30 minutes after completion of IV tPA infusion.

Post-tPA Treatments [121294]

[X] Vital signs [NUR490]  Routine, Per unit routine, Starting S For Until specified,
Q15 minutes: 8 occurrences  Q30 minutes: 12 occurrences  Q1 hour: 16 occurrences
Then Per unit routine

[X] Avoid the following: [NUR185]  Routine, Until discontinued, Starting S, Central venous access, puncture of non-compressible blood vessels, arterial punctures, nasogastric tube, retention catheter, intramuscular injections, or non-essential handling of patient for 72 hours.

[X] Neuro checks [NUR609]  Routine, Per unit routine, Q15 minutes: 8 occurrences  Q30 minutes: 12 occurrences  Q1 hour: 16 occurrences
Then Per unit routine

Provider's Initial: ___________

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(10/10/16)
### Nursing Treatment [121301]

| [X] Sudden Neurological Deterioration [NUR185] | Routine, Until discontinued, Starting S, (new headache, acute hypertension, change in mental status, nausea/vomiting, or if major non-cranial hemorrhage):
1. Discontinue alteplase (tPA) if still infusing.
2. RN to notify physician
3. Non-contrast Head CT STAT
4. CBC, PT/INR, PTT, Fibrinogen, BMP, and type and screen STAT
5. Notify family of patient's change in status
6. Physician to Consult hematology, neurosurgery, neurointerventional radiology as needed |
| Monitor and report signs of systemic bleeding and angioedema [NUR185] | Routine, Until discontinued, Starting S |

### Medications

**Medication Orders [408127322]**

| [X] alteplase (ACTIVASE) multiuse bolus [400663] | 0.09 mg/kg, IntraVEnous, for 2 Minutes, Once (expires in 36 hours)
Standard IV tPA dosing Schedule:
(0.9 mg/kg) times____ (wt kg) = _____ mg total dose (90 mg maximum dose)
IV Bolus Dose= (total dose____ mg) times(0.1)=______ mg IV over 1-2 minutes |
| [X] alteplase (ACTIVASE) maintenance infusion [9003] | 0.81 mg/kg, IntraVEnous flush with minimum of 20 cc's NS
Standard IV tPA dosing Schedule:
(0.9 mg/kg) times____ (wt kg) = _____ mg total dose (90 mg maximum dose)
Infusion Dose= (total dose____ mg) times(0.9=______ mg IV over 60 minutes |
| [X] Hold anticoagulant/antiplatelet agents for 24 hours on patients who have received IV alteplase [NUR185] | Routine, Until discontinued, Starting S |

**DATE** | **TIME** | **ORDERING PROVIDER PRINT NAME**

**PROVIDER SIGNATURE**

**DATE** | **TIME** | **RN ACKNOWLEDGED**