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| Original Date | 06/2008 | Revision Date | | Withdrawn Date | |
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Date: _____ Time: _____ Page 1 of 2

ADMIT TO: Med/Surg Med/Surg with Tele Observation Observation with Tele

Primary Care MD _____

CT Scan of Head (non-contrast) within 15 minutes upon arrival: If ER physician cannot read CT Scan films; tele-radiology **STAT**.

Establish continuous automatic (or equivalent) BP monitoring:

1. Baseline blood pressure on arrival to ER, and every 15 minutes thereafter.
2. Blood pressure goal is systolic less than 185 and diastolic less than 110.

◀ If blood pressure is high on 2 consecutive measurements prior to tPA administration may be treated with:

a) 10- 20 mg IV labetalol over 1 – 2 minutes Give _____

◀ If still above 185/110 10 minutes after first dose of labetalol give:

b) 20- 40 mg IV over 2 minutes Give _____

▼ **If blood pressure does not decline and remains >185/110mmHG, do NOT administer Activase (tPA)**

Neuro checks every 15 minutes, notify the ER physician **IMMEDIATELY** if acute change in neuro status.

O₂ at 2L per nasal cannula if pulse oximetry less than 95%

Labs STAT:

- CMP
- CBC with diff
- PT/PTT
- Cardiac Enzymes
- Serum Pregnancy (if female & childbearing potential)

Obtain 12 lead ECG **STAT** – Must be prior to treatment if symptoms suggestive of myocardial infarction.

Nursing to complete NIH Stroke Scale see attached sheet.

Activase (tPA) Administration:

Complete FMH computerized protocol for bolus dose and infusion rate (mL/hr) information for # 4:

1. Start an IV of 1000 mL 0.9 NS TKO or rate _____ ml/hr ordered by MD no medications in this line
2. Start a 2nd saline lock
3. Weight in pounds _____ lbs and _____ kgs
4. See computerized dosing protocol
5. Dosage equals 0.9 mg/kg (maximum 90 mg) with 10% given as bolus dose. Activase is mixed in stock vial and contains 100 mg/100ml (1 mg /mL)

**tPA 0-3 Hours Stroke
Administration Orders**

Total calculated dose: _____

Bolus Dosage _____ mL (10% of calculated dose)

Infusion Dosage: _____ mL/hr IV infusion over 60 minutes and then **STOP**

6. Flush main line with 50 mL NS
7. Vital signs and neuro checks every 15 minutes during the infusion
Stop infusion and notify physician if there are any signs of major systemic bleeding or any neurologic deterioration, development of sever headache, or new nausea and vomiting.
8. Blood Pressure Management Recommendations during Infusion:
 - A. If for two readings 5-10 minutes apart, the SBP is between 180-230 mm Hg and/or DBP is the range of 105 -120 mm HG:
Give labetalol 10 mg IV or 1-2 minutes
The dose may be repeated and /or doubled every 10-20 minutes up to 300 mg
 - B. If the SBP is greater than 230 mmHG or the DBP is the range 121-140 mm HG:
Give labetalol 20 mg IV over 1-2 minutes
This dose maybe repeated and/or doubled every 10-20 minutes up to 300 mg
If a satisfactory response is not obtained, use sodium nitroprusside
 - C. If the DBP is greater than 140 mm HG:
Infuse sodium nitroprusside (0.5 to 10 mcg/kg/minute)
Complete the FMH computerized protocol for how to mix and dosing information

No heparin, aspirin, clopidogrel (Plavix), or warfarin to be administered immediately before or for 24 hours following tPA infusion.

Physician Signature

____/____/____ :____
Date Time