

## STROKE CENTRES ALTEPLASE (tPA) STANDARD ORDERS: 1<sup>st</sup> 24-HOURS

 BRHC

 BTHC

 PDGH

This order set is to be utilized for the first **24-hour** period where a patient is receiving Alteplase (tPA).

**NB:** These orders are to be used as a guideline to support clinical judgment in the case of a patient presenting with a stroke but do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ Indicates Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check  for activation.

**Allergies:**  Yes  No  Unknown (If yes, list and describe) \_\_\_\_\_ Wt.: \_\_\_\_\_ kg  
 Estimate  Actual

MEDICATION ORDERS	GENERAL ORDERS
<p>■ IV normal saline at _____ mL/hour</p> <p><b>Target: Systolic blood pressure less than 180 mmHg and diastolic blood pressure less than 105 mmHg</b></p> <p><b>PRE-ALTEPLASE (tPA)</b></p> <p>□ Labetalol _____ mg IV push (usual dose 10 mg) over 2 minutes if systolic blood pressure is greater than 180 mmHg or diastolic blood pressure is greater than 105 mmHg on two consecutive measures, immediately prior to the time of the planned Alteplase (tPA) administration. Repeat Labetalol x 1 dose if blood pressure remains greater than 180/105 mmHg after 10 minutes of initial dose.</p> <p><b>ALTEPLASE (tPA)</b></p> <p>■ Total dose calculation formula: 0.9 mg/kg to a maximum of 90 mg (see dosing guideline pg. 3).</p> <p>■ Administer 10% of total dose of _____ mg as IV bolus over one minute.</p> <p>■ Administer remaining 90% of total dose of _____ mg over 1 hour by infusion pump.</p> <p>■ <b>Alteplase is not compatible with any other IV medication.</b></p> <p>■ When infusion complete, flush IV lock with normal saline.</p> <p><b>POST-ALTEPLASE (tPA)</b></p> <p>■ <b>No antithrombotics or anticoagulants for 24 hours post infusion, until 24 hour non-contrast CT read</b></p> <p>□ Labetalol _____ mg IV push over 1 to 2 minutes (usual dose 10 mg).          ➤ Repeat PRN as per physician orders to maintain blood pressure parameters as above.</p> <p>□ hydrALAZINE _____ mg (usual dose 10 to 20 mg) IV push over 1 minute q20 minutes PRN (maximum 100 mg/day) if Labetalol NOT effective or contraindicated.</p>	<p><b>MONITORING</b></p> <p>■ Vital signs and Glasgow Coma Scale GCS (include temperature):</p> <ul style="list-style-type: none"> <li>○ q15 minutes during infusion</li> <li>○ q30 minutes x 2 hours</li> <li>○ q1h x 4 hours</li> <li>○ q2h x 18 hours</li> <li>○ q4h x 24 hours, then reassess</li> </ul> <p>■ Foley catheter <b>if clinically indicated</b>, prior to Alteplase (tPA); otherwise, insert 5 to 7 hours post Alteplase (tPA), then remove ASAP. Do not delay Alteplase (tPA) due to foley insertion.</p> <p>□ <i>NIHSS</i> (CLI.4110.PL.013.FORM.08) if able:</p> <ul style="list-style-type: none"> <li>○ On arrival.</li> <li>○ After completion of Alteplase (tPA) infusion.</li> <li>○ Q4H X 24 hrs and PRN.</li> </ul> <p>■ Continuous cardiac monitoring and oxygen saturation monitoring.</p> <p>■ Oxygen Therapy: Keep saturation levels between 94% and 98%.</p> <p><b>MONITORING FOR ANGIOEDEMA</b></p> <p>■ Monitor tongue and oropharynx at 30 min., 45 min., 60 min., and 75 min. after onset of Alteplase infusion.</p> <p>■ If anaphylaxis suspected, STOP infusion and notify physician STAT (refer to <i>Management of Angioedema Caused by Alteplase (tPA) use in Acute Ischemic Stroke</i> CLI.4110.PL.013.SD.05).</p> <p><b>NOTIFY PHYSICIAN IF ANY OF THE FOLLOWING OCCUR</b></p> <p>■ If systolic blood pressure is greater than 180 mmHg or diastolic blood pressure is greater than 105 mmHg on 2 consecutive measures taken 5 minutes apart;</p> <p>■ If temperature is greater than 37.5°C;</p> <p>■ If decline in neurological status (decrease in level of consciousness, worsening stroke deficits, sudden severe headache);</p> <p>■ If nausea and vomiting;</p> <p>■ If evidence of bleeding (gastrointestinal, genitourinary, oral, IV site oozing).</p>
<p><b>Prescriber Signature:</b> _____</p>	<p><b>Date / Time:</b> _____</p>
<p><b>Faxed to Pharmacy - Date/Time and Signature:</b> _____</p>	

## STROKE CENTRES: ALTEPLASE (tPA) STANDARD ORDERS: 1<sup>st</sup> 24-HOURS (cont.)

<p>This order set is to be utilized for the first <b>24-hour</b> period where a patient is receiving Alteplase (tPA).</p> <p><b>NB:</b> These orders are to be used as a guideline to support clinical judgment in the case of a patient presenting with a stroke but do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.</p> <p>■ Indicates Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check <input checked="" type="checkbox"/> for activation.</p>	
MEDICATION ORDERS	GENERAL ORDERS
<p><b>PAIN/FEVER:</b></p> <p><b>Analgesics/Antipyretics:</b></p> <ul style="list-style-type: none"> <li>■ Acetaminophen 500 to 1000 mg po q4h prn <b>OR</b></li> <li>■ Acetaminophen 650 mg supp PR q4h prn.</li> </ul> <p><b>Note:</b> Do not exceed combined Acetaminophen dose of 4000 mg in 24 hours.</p> <p><b>NAUSEA:</b></p> <ul style="list-style-type: none"> <li>■ dimenhydrinate _____ mg (usual dose 25 to 50 mg) IV/IM q4h PRN.</li> <li>■ Other: _____</li> </ul>	<p><b>Activity</b></p> <ul style="list-style-type: none"> <li>■ Bedrest up to 24 hours; then reassess activity order.</li> <li>■ Elevate head of bed to 30 degrees if possible.</li> </ul> <p><b>Swallowing Assessment and Diet</b></p> <ul style="list-style-type: none"> <li>■ NPO for the 1<sup>st</sup> 24-hours</li> </ul> <p><b>Glucose Management</b></p> <ul style="list-style-type: none"> <li>■ If first random glucose is elevated and is greater than 10 mmol/L, then order Fasting Blood Glucose and Hemoglobin A1C; <u>and</u> Monitor glucose q4hour x 24 to 48 hrs.</li> <li>■ If diabetic, accuchecks QID and PRN.</li> </ul> <p><b>Bladder Care</b></p> <ul style="list-style-type: none"> <li>■ Avoid indwelling catheter.</li> <li>■ Monitor for urinary incontinence or retention.</li> <li>■ If patient does not void spontaneously within 6 hours of arrival, perform bladder scan.</li> <li>■ If bladder scan volume is greater than 300 mL, then straight catheterize.</li> <li>■ Repeat bladder scan q4 - 6hrs PRN.</li> </ul> <p><b>Related Management</b></p> <ul style="list-style-type: none"> <li>■ Avoid vein punctures, intramuscular injections or invasive line procedures for 24 hours post infusion.</li> <li>■ CBC, INR, Glucose, Na, K, Chloride, Urea, Creatinine, TSH 24 hours post infusion.</li> <li>■ CT brain 24 hours post infusion or if sudden deterioration in neurological status.</li> </ul>
<b>Prescriber Signature:</b>	<b>Date / Time:</b>
<b>Faxed to Pharmacy - Date/Time and Signature:</b>	

<b>Acute Ischemic Stroke: tPA Dosage Chart (1 mg/mL vial)</b>			
<b>Weight (kg)</b>	<b>Total Dose (mg)</b>	<b>Bolus Dose (mg or mL)</b>	<b>Infusion Dose (mg) and Infusion Rate (mL per hour)</b>
39-40	34.2	3.4	31
41-42	37.5	3.8	34
43-44	39.5	4	36
45-47	41.5	4.1	37
48-49	43.5	4.4	39
50-51	45.5	4.6	41
52-54	48	4.8	43
55-56	50	5	45
57-58	51.5	5.1	46
59-60	53.5	5.4	48
61-62	55.5	5.6	50
63-64	57.5	5.8	52
65-66	59	5.9	53
67-68	60.5	6	55
69-70	62.5	6.3	56
71-72	64.5	6.5	58
73-74	66.5	6.7	60
75-76	68	6.8	61
77-78	69.5	7	63
79-80	71.5	7.2	64
81-82	73.5	7.4	66
83-84	75.5	7.6	68
85-86	77	7.8	69
87-88	78.5	7.9	71
89-90	80.5	8.1	72
91-92	82.5	8.3	74
93-94	84.5	8.5	76
95-96	86	8.6	77
97-98	87.5	8.8	78
99	89.5	9	81
100 and up	90	9	81