

## STROKE STANDARD ORDERS: No Alteplase (tPA) / 24-HOURS Post Alteplase (tPA)

**NB:** These orders are to be used as a guideline and do not replace sound clinical judgment 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.

**NB: DO NOT implement other Routine Standard Orders concurrently (for example: PRN medications).**

MEDICATION ORDERS	GENERAL ORDERS
<p><b><u>Maintain IV Access:</u></b></p> <ul style="list-style-type: none"> <li>□ IV 0.9% normal saline at _____ mL/hour for 24-48 hrs. Followed by:</li> <li>□ Saline lock <b>or</b></li> <li>□ IV 0.9% normal saline at _____ mL/hr.</li> <li>□ <b>NG route</b> for all oral meds if NPO.               <ul style="list-style-type: none"> <li>• Consult pharmacy if required.</li> </ul> </li> </ul> <p><b><u>Acute Hypertension Management</u></b> (see general orders in the right column for blood pressure parameters):</p> <ul style="list-style-type: none"> <li>• <b>NB:</b> aggressive lowering of blood pressure may cause neurological worsening.</li> <li>• Select agents considering other medical conditions.</li> <li>• Lower blood pressure cautiously → approximately 15 to 25% reduction in first day.</li> </ul> <ul style="list-style-type: none"> <li>□ Labetalol _____ mg (usual dose 10 to 20 mg) IV push over 1 to 2 minutes; repeat every 10 to 20 minutes PRN (maximum 300 mg/day). Do not use beta blockers if heart rate less than 60 beats per minute.</li> </ul> <p><b><u>Secondary Options:</u></b></p> <ul style="list-style-type: none"> <li>□ HydrALAZINE _____ mg (usual dose 10 to 20 mg) IV push over 1 minute every 20 minutes PRN (Maximum dose 100mg/day).</li> </ul> <p><b><u>Antiplatelet Therapy: if CT negative for intracranial bleed and patient did NOT receive alteplase (tPA):</u></b></p> <ul style="list-style-type: none"> <li>□ ASA EC 160 mg loading dose X1; <b>THEN</b></li> <li>□ ASA EC 81 mg oral daily (starting on day 2).</li> </ul> <p><b>OR</b> If previously on ASA or has ASA Allergy, give:</p> <ul style="list-style-type: none"> <li>□ Clopidogrel loading dose 300 mg oral x1 <b>THEN</b></li> <li>□ Clopidogrel 75 mg oral daily (starting on day 2).</li> </ul> <p><b><u>Venous Thromboembolism (VTE) Prophylaxis:</u></b> <b>(DO NOT DUPLICATE on BPMH)</b></p> <ul style="list-style-type: none"> <li>□ Dalteparin 5,000 units subcut injection daily <b>OR</b></li> <li>□ Heparin 5,000 units subcut injection twice daily <b>OR</b></li> <li>□ Sequential Compression Pumps.</li> </ul> <p><b><u>Analgesics/Antipyretics:</u></b></p> <ul style="list-style-type: none"> <li>■ Acetaminophen 500 to 1000 mg oral 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 hrs.</p>	<p><b><u>Monitoring:</u></b></p> <ul style="list-style-type: none"> <li>■ Continuous Cardiac monitoring for 24 hrs. after time of admission from ED; <b>THEN</b> -</li> <li>□ Cardiac monitoring for _____ hrs.</li> <li>■ VS and GCS Q4h x 24 hrs; then as per unit routine.</li> <li>□ If patient is responsive and able, NIHSS Q4H x 24 hrs; then daily x 2 days.</li> <li>■ Notify physician and treat Temp. above 37.5°C.</li> </ul> <p>BP parameters:</p> <ul style="list-style-type: none"> <li>■ For patient <b>not eligible for Alteplase (tPA)</b>, notify physician if Systolic BP greater than <b>220 mmHg</b> or Diastolic BP greater than <b>120 mmHg</b> on 2 readings taken 5 to 10 minutes apart.</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>■ For patient post-<b>Alteplase (tPA)</b>, notify physician if Systolic BP greater than <b>180 mmHg</b> or Diastolic BP greater than <b>105 mmHg</b> on 2 readings taken 5 minutes apart.</li> <li>■ Oxygen Therapy: keep SpO<sub>2</sub> between 94% and 98%.</li> <li>■ For patients with COPD, maintain O<sub>2</sub> therapy as per MD orders.</li> <li>■ Consult Respiratory Therapy if patient has COPD.</li> <li>■ Assess, treat, and notify physician if nausea, vomiting, dizziness, headache not improving and/or neurological deterioration is noted.</li> </ul> <p><b><u>Glucose Management:</u></b></p> <ul style="list-style-type: none"> <li>■ If first random glucose is greater than 10 mmol/L, repeat diagnostics (see pg. 2).</li> <li>■ Notify physician if glucose is greater than 10 mmol/L or less than 4 mmol/L.           <ul style="list-style-type: none"> <li>○ Non-Diabetic: check blood glucose QID x 24 hours; then discontinue if within normal parameters.</li> <li>○ Diabetic: check blood glucose QID and PRN.</li> </ul> </li> </ul> <p><b><u>Nutrition and Fluid Management:</u></b></p> <ul style="list-style-type: none"> <li>■ NPO till swallowing screen done. Initiate enteral feeding as soon as possible (goal: within 48 hrs. of ED presentation if NPO).</li> <li>■ If patient passed swallowing screen: Diet: _____</li> <li>■ If swallowing screen failed: keep NPO; notify Physician and Speech Language Pathologist (SLP).</li> <li>■ For enteral feedings, refer to dietitian.</li> <li>■ Maintain accurate Intake and Output.</li> </ul>
<b>Prescriber Signature:</b>	<b>Date / Time:</b>
<b>Faxed to Pharmacy - Date/Time and Signature:</b>	

**STROKE STANDARD ORDERS (cont.):**  
**No Alteplase (tPA) / 24-HOURS Post Alteplase (tPA)**

MEDICATION ORDERS	GENERAL ORDERS
<p><b>Antiemetics:</b></p> <p><input type="checkbox"/> DimenhyDRINATE 25 – 50 mg IV/oral/PR q4h prn maximum dose _____ per 24 hours.</p> <p><b>Anticoagulation for atrial fibrillation:</b></p> <p><input type="checkbox"/> Warfarin _____ mg oral once daily.</p> <p><input type="checkbox"/> Direct Oral Anticoagulant (DOAC): _____</p> <p><b>Acute Antihypertensive/Lipid Management:</b></p> <p><input type="checkbox"/> ACE Inhibitor or ARB: _____</p> <p><input type="checkbox"/> Statin: _____</p> <p><b>Indigestion:</b></p> <p><input type="checkbox"/> Antacid Plus liquid 15 – 30 mL oral q4h prn. Maximum dose per 24 hours _____.</p> <p><b>Nicotine replacement therapy:</b></p> <p><input type="checkbox"/> Nicotine Patch <input type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg</p> <p><b>Bowel Management/Constipation:</b></p> <ul style="list-style-type: none"> <li>• <b>Prevention:</b></li> <li><input type="checkbox"/> PEG 3350 17 grams orally daily.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lactulose (15-30) mL orally daily.</li> <li>• <b>If no bowel movement in 1-2 days:</b></li> <li><input type="checkbox"/> Sennosides 17.2 mg orally at Bedtime prn.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bisacodyl 5 mg orally at Bedtime prn.</li> <li>• <b>If no bowel movement in 3 days:</b></li> <li><input type="checkbox"/> Glycerin Suppository rectally prn (max 2 per day).</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bisacodyl Suppository (10mg) rectally Daily prn.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fleet Enema rectally Daily prn (if suppositories fail)</li> </ul> <p><b>General Medications:</b></p> <p><input type="checkbox"/> Lubricating Eye Drops prn for dry or irritated eyes</p> <p><input type="checkbox"/> Lubricating spray prn for dry mouth</p> <p><input type="checkbox"/> Lubricating nasal gel prn for dry nares</p>	<p><b>Diagnostics Day 1 post onset of stroke:</b></p> <ul style="list-style-type: none"> <li>■ CBC, fasting blood glucose, creatinine, urea, Na, K, TSH, lipid profile.</li> <li>■ 12 Lead ECG.</li> <li>■ Urinalysis.</li> <li>■ Chest x-ray.</li> <li>■ HgA1C (if first random blood glucose greater than 10 mmol/L).</li> <li>■ Troponin.</li> <li>■ INR monitoring if on Warfarin.</li> <li>■ CT Brain if sudden deterioration in neurological status.</li> <li>■ CT Angiogram or carotid ultrasound.</li> </ul> <p><b>Bladder Management post Alteplase/tPA:</b></p> <ul style="list-style-type: none"> <li>■ Avoid indwelling catheter. If used, reassess daily and remove as soon as possible.</li> <li>■ Monitor for urinary incontinence or retention.</li> <li>■ If unable to void within 6 hours of admission, perform bladder scan or perform straight catheterization.</li> <li>■ If volume is greater than 300 mL, repeat scan or repeat straight catheterization within 4 to 6 hours. Notify Physician for further orders.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>■ Raise head of bed at 30 degrees, unless contraindicated.</li> <li>■ Frequent out-of-bed activity within 24 hrs. of stroke onset is <b>not</b> recommended.</li> <li>■ Initiate activity as tolerated (AAT) after 24 hours.</li> <li>■ Provide oral hygiene q4h and post meals.</li> <li>■ Turn and position q2hrs. Support affected limbs if patient is unable.</li> <li>■ Assess skin for redness or pressure injury development every shift.</li> <li>■ Complete swallowing screen.</li> </ul> <p><b>Referrals / Consults:</b></p> <ul style="list-style-type: none"> <li>■ Neurologist.</li> <li>■ Dietitian.</li> <li>■ Physiotherapy (Goal: within 48 hours of ED presentation).</li> <li>■ Occupational Therapy for functional assessment (Goal: within 48 hours of ED presentation).</li> <li>■ Speech Language Pathology (Goal: within 48 hours of ED presentation) for: <ul style="list-style-type: none"> <li>■ Swallowing</li> <li>■ Communication</li> <li>■ Language Assessment Screening (LAST)</li> </ul> </li> <li>■ Stroke Prevention Clinic.</li> </ul> <p><input type="checkbox"/> Pharmacy review.</p> <p><input type="checkbox"/> Social Worker <input type="checkbox"/> Home Care <input type="checkbox"/> Spiritual Care</p> <ul style="list-style-type: none"> <li>■ Provide Provincial “Your Stroke Journey” – <b>and review with patient/family by Nursing/OT/PT/SLP</b></li> </ul>
<p><b>Prescriber Signature:</b> _____</p>	<p><b>Date / Time:</b> _____</p>
<p><b>Faxed to Pharmacy - Date/Time and Signature:</b> _____</p>	