



ORD

ORDERED		ISCHEMIC STROKE POST ACTIVASE (rt-PA) ORDERS	TIME
DATE	TIME		ORDER NOTED
		<i>Check appropriate boxes.</i>	
		<b>Allergies:</b> _____ <b>Height</b> _____ <b>Weight</b> _____	
		<b>1) Patient Status:</b> <input type="checkbox"/> Inpatient	
		<b>2) Location:</b> <input type="checkbox"/> Critical Care	
		<b>3) Attending Physician:</b> _____	
		<b>4) Diagnosis:</b> _____	
		<b>5) Call MD for any neurological changes:</b> decline in neuro checks, change in pupil reaction or size, headache, or vomiting.	
		<b>6) If hemorrhage is suspected,</b> Notify MD IMMEDIATELY and implement Hemorrhage Post Activase (rt-PA) Protocol as ordered. (See page 3)	
		<b>7) Do not administer</b> Aspirin, clopidogrel, heparin, enoxaparin sodium, warfarin, NSAIDs or any other antithrombotic for 24 hours after infusion of Activase (rt-PA).	
		<b>8) No IM injections,</b> arterial punctures, Foley catheter, NG tube or other invasive procedures for 24 hours after infusion of Activase (rt-PA).	
		<b>9) Do not remove IV lines</b> for 24 hours after infusion of Activase (rt-PA).	
		<b>10) <input type="checkbox"/> Accuchecks q 6 hours</b> <input type="checkbox"/> Follow <b>Diabetes Management Bundle</b>	
		<b>11) Weigh</b> on admission and daily	
		<b>12) Maintain normothermia</b> (98.6-99.5 F). Implement cooling measures (cool room, light covering, prn medication) Notify MD if unable to normalize within 2 hours.	
		<b>13) Vital signs</b> q 15 min. x 2 hours, then q 30 min. x 6 hours, then hourly thereafter	
		<b>14) Neuro checks</b> q 30 min x 2 hours, then hourly thereafter	
		<b>15) O2</b> per nasal cannula at _____ L/min or other oxygen via _____ to keep SpO2 > 92%. Continuous Pulse Oximetry. Notify MD if unable to keep SpO2 > 92%.	
		<b>16) Cardiac monitoring</b>	
		<b>17) I &amp; O.</b> Bladder scan if no void in 4 hours. <b>Notify MD</b> if volume > 450cc.	
		<b>18) Activity: Fall precautions and</b>	
		<input type="checkbox"/> Bedrest and turn every 2 hours x 24 hours	
		<input type="checkbox"/> HOB elevated 30 degrees if systolic BP > 100 mmHg	
		<input type="checkbox"/> Maintain head/neck in neutral position	
		<input type="checkbox"/> Up in chair TID on Day 2. If patient is eating, must be up with meals	
		Additional activity orders _____	
		<b>19) Diet:</b> <input type="checkbox"/> Strict NPO until patient <b>Passes Nursing Dysphagia Screen</b>	
		Passed Nursing Dysphagia Screen? <input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b>	
		<b>Nurse Signature:</b> _____ <b>Date/Time:</b> _____	
		If patient <b>passes</b> Dysphagia Screen begin: Diet: _____	
		If patient <b>fails</b> Dysphagia Screen consult Speech Therapy <b>ASAP</b> for dysphagia evaluation and notify MD for further nutrition/hydration.	
		<b>Physician Signature:</b> _____ <b>Date/Time:</b> _____	

▼ Addressograph / Patient Label ▼



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		<b>20) Diagnostic Studies:</b>	
		<input type="checkbox"/> <b>CT Brain:</b> <input type="checkbox"/> Without contrast <input type="checkbox"/> With contrast	
		<input type="checkbox"/> STAT <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> <b>MRI/MRA stroke protocol</b> <input type="checkbox"/> STAT <input type="checkbox"/> Routine scheduling	
		<input type="checkbox"/> <b>Carotid ultrasound</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> <b>Chest X-ray</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> <b>EKG</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> <b>Standard Echocardiogram</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<b>*Echo to be read by:</b> <input type="checkbox"/> Dr. Bart Williams	
		<input type="checkbox"/> Dr. Boland	
		<input type="checkbox"/> Other _____	
		<b>Consult Cardiology for TEE:</b> <input type="checkbox"/> Dr. Bart Williams	
		<input type="checkbox"/> Dr. Boland	
		<input type="checkbox"/> Other _____	
		<b>21) Labs:</b> CMP <input type="checkbox"/> if not done in the ED <input type="checkbox"/> in am	
		CBC <input type="checkbox"/> if not done in the ED <input type="checkbox"/> in am	
		PT/PTT <input type="checkbox"/> if not done in the ED <input type="checkbox"/> in am	
		Fasting Lipid Profile <input type="checkbox"/> in am	
		UA <input type="checkbox"/> if not done in the ED	
		<input type="checkbox"/> ESR <input type="checkbox"/> ANA <input type="checkbox"/> RPR <input type="checkbox"/> Hgb A1C	
		<input type="checkbox"/> Hypercoagulability Panel with consultation	
		<input type="checkbox"/> Homocysteine	
		<input type="checkbox"/> Leiden Factor V	
		<b>Additional Labs:</b> _____	
		<b>22) Blood Pressure Management after Activase (t-PA) administration</b>	
		<input type="checkbox"/> If <b>SBP</b> > 180 and < 230 mmHg <b>OR</b> <b>DBP</b> 106 to 120 mmHg administer: Labetalol 10-20 mg IV over 1-2 min; may repeat every 10 min (max dose 300 mg)	
		<input type="checkbox"/> If <b>SBP</b> > 230 mmHg <b>OR</b> <b>DBP</b> 121 to 140 mmHg administer: Labetalol 10-20 mg IV over 1-2 min; may repeat every 10 min (max dose 300 mg) If Labetalol not effective begin Nicardipine (50mg/250ml D5W) @ 5mg/hr and titrate to desired effect by increasing 2.5 mg/hr every 5-15 min to max. of 15 mg/hr.	
		<input type="checkbox"/> If <b>DBP</b> > 140 mmHg administer Nitroprusside 0.5 mcg/kg/min IV infusion. Titrate to a maximum dose of 5 mcg/kg/min. Caution in renal patients.	
		<b>23)</b> <input type="checkbox"/> INT <input type="checkbox"/> 1/2 NS at _____ ml/hr <input type="checkbox"/> NS at _____ ml/hr	
		<input type="checkbox"/> Add 20mEq KC1 to each liter	
		<b>All IV medications are to be mixed in normal saline.</b>	
		<b>24) DVT prophylaxis:</b> <input type="checkbox"/> Apply SCDs	
		Physician Signature: _____	Date/Time: _____

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