



ORD

ORDERED		FIBRINOLYTICS - ALTEPLASE (Activase, rt-PA) ORDERS FOR ACUTE ISCHEMIC STROKE	TIME
DATE	TIME		ORDER NOTED
		Indications for Treatment:	
		<input type="checkbox"/> Age 18 years or older	
		<input type="checkbox"/> Clinical diagnosis of ischemic stroke causing a measurable neurological deficit	
		<input type="checkbox"/> Time of symptom onset well established to be less than 180 minutes before treatment would begin	
		Contraindications/Warnings on back of form <input type="checkbox"/> NO CONTRAINDICATIONS	
		1. Place patient on cardiac, noninvasive blood pressure and O ₂ saturation monitoring.	
		2. STAT Labs: CBC with platelets, PT/PTT, CMP, Type & Screen, Cardiac Enzymes	
		3. Obtain STAT: CT of brain without contrast	
		4. ECG 12-lead and rhythm strip.	
		5. Accucheck for blood glucose	
		6. If SBP > 180 for two or more readings 5 - 10 minutes apart, Notify physician.	
		7. Elevate HOB > 30 degrees.	
		8. Keep patient NPO (including no oral medications or ice chips).	
		9. Monitor Vital Signs and Neuro Checks every 15 minutes before, during, and for 1 hour after Alteplase administration.	
		10. Place on O ₂ at 2L per nasal cannula.	
		11. Place an IV catheter in each arm: NS at 20cc/hr and saline lock.	
		12. Weigh patient using a scale.	
		13. Suction patient PRN.	
		14. Alteplase Orders: Give Alteplase total dose of _____ mg. (0.9 mg/kg up to maximum dose of 90 mg) Calculate as follows:	
		Weight in kg _____ x 0.9 mg/kg = _____ mg (Total dose) x 0.1 = _____ (Bolus)	
		Total dose _____ mg - Bolus _____ mg = _____ mg Remaining 90%	
		a. Give _____ mg as IV bolus over 1 minute.	
		b. Give _____ mg as a constant IV infusion over 60 minutes.	
		15. DO NOT give heparin, warfarin, aspirin, ticlopidine or any other antithrombotic.	
		16. During or after Alteplase administration, if patient has acute neurological deterioration or new headache or acute hypertension or nausea and vomiting, then:	
		a. Discontinue Alteplase	
		b. Send labs STAT: PT/PTT, CBC with platelets, Fibrinogen, Cross 3 units PRBC's	
		c. Obtain STAT: CT of Brain without contrast	
		d. Prepare to administer 4-6 units of cryoprecipitate	
		18. If patient stable, transfer to ICU.	
		I have reviewed the listed contraindications and warnings. This patient does not have any contraindications for Alteplase (rt-PA) therapy. The benefit of therapy is felt to outweigh any risks and I will proceed with therapy. I have reviewed this fully with the patient and the patient's family present.	
		Physician Signature: _____	Date/Time: _____



FIBRINOLYTICS - ALTEPLASE (Activase, rt-PA) Orders for Acute Ischemic Stroke

▼ Addressograph / Patient Label ▼

CONTRAINDICATIONS: DO NOT ADMINISTER Activase (t-PA) IF ANY OF THE FOLLOWING STATEMENTS ARE ANSWERED YES:

Evidence of **large** ischemic stroke

Evidence of intracranial hemorrhage on pretreatment CT

Clinical presentation suggestive of subarachnoid hemorrhage, even with normal CT

Active internal bleeding < 22 days

Known bleeding diathesis, including but not limited to:

- Platelet count <100,000/mm
- Patient has received heparin within 48 hours and has an elevated PTT (greater than upper limit of normal for laboratory) or INR>1.7.
- Current use of oral anticoagulants (eg. Warfarin sodium) or recent use with an elevated prothrombin time > 15 seconds

Within 3 months any intracranial surgery, serious head trauma or previous stroke

On repeated measurements, systolic blood pressure greater than 185mmHg or diastolic blood pressure greater than 110mmHg at the time treatment is to begin, and patient requires aggressive treatment to reduce blood pressure to within these limits.

History of intracranial hemorrhage

Known arteriovenous malformation or aneurysm

Seizure at onset

WARNINGS:

Only minor or rapidly improving stroke symptoms

Patient has had major surgery or serious trauma excluding head trauma in the previous 14 days

History of gastrointestinal or urinary tract hemorrhage within 21 days

Lumbar puncture or arterial puncture at noncompressible site within 7 days

Recent Abnormal blood glucose (<50 or >400mg/dl)

Post myocardial infarction pericarditis

Pregnancy



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