Alteplase (Recombinant Tissue Plasminogen Activator [rt-PA]) Orders for Ischemic Stroke

TPA INFUSION
- Alteplase (tPA) total dose: ______________mg
  - Dose = 0.9mg/kg up to a maximum dose of 90mg
- 10% of the total Dose to be administered as a loading dose IV push over 1 minute through a free flowing line.
  - Loading Dose: _____________mg. Administer this dose by _____________time.
- Rest of dose (90%) is administered as an infusion over one hour. Via IV pump
  - Infusion Dose: ______________________mg
- After infusion completed, flush IV line with 50ml of normal saline.
- Do not infuse other medications with the tPA.

POST INFUSION ORDERS
- Label chart: “No antiplatelet or anticoagulation therapy for 24 hours from Alteplase (tPA) dose”
- Neuro checks every 15 minutes x 2 hours, then 30 minutes x 6 hours, then every 1 hour for 24 hours, then continue with Neuro checks per ICU post-tPA admission orders. (Use tPA flowsheet)
- Notify resident immediately for evidence of bleeding or any neurologic change.
- Continuous cardiac monitoring
- Vital signs every 15 minutes x 2 hours, then 30 minutes x 6 hours then every 1 hour for 24 hours then continue per ICU post-tPA admission orders. (Use tPA flowsheet)
- Notify physician if Systolic BP greater than or equal to 185 mmHg or less than or equal to 110 mmHg, Diastolic BP greater than or equal to 105 mmHg or less than or equal to 60 mmHg, Pulse less than 50 or greater than 110, or Respirations greater than 24. Repeat vital signs in 5 minutes before notifying physician.
- If Systolic BP greater then 185 mmHg or Diastolic greater than 105 mmHg, notify physician and administer labetalol 10mg IV push over 1-2 minutes. If the Systolic BP does not decrease below 180 mmHg or the Diastolic BP does not decrease below 105 mmHg, then the dose may be repeated every 10 minutes or doubled every 20 minutes up to a maximum total dose of 150 mg. Monitor BP every 5 minutes during treatment; observe for hypotension. **Do not give labetalol if patient has asthma, 2nd or 3rd degree AV heart block, Congestive Heart Failure, cardiogenic shock.**
- **If Diastolic BP greater than 140 mmHg, Call physician.** Start Nitroprusside 100mg in 250ml D5W drip at 0.5-3 mcg/kg/min. Titrate to keep Diastolic BP less than 105 mmHg. Monitor BP every 5 minutes and observe for hypotension.
- Bedrest x 24 hours do not raise head of the bed then activity level as per ICU post-tPA admission orders.
- Initiate bleeding precautions: evaluate puncture sites for bleeding or hematomas, apply pressure to compressible bleeding sites. Monitor for bleeding from urine, stool, emesis or other secretions.
- NIH Stroke Scale prior to administration of t-PA, at 2 hours post-tPA and 24 hours post-tPA and as needed.
- NPO

Physician’s Signature:  | Physician’s Name:  | Date:  | Time:  |
---|---|---|---|
Transcriber’s Printed Name:  |  | Date:  | Time:  |
Noting Nurse’s Signature:  |  | Date:  | Time:  |