UMC Health System

THROMBOLYTIC THERAPY FOR ISCHEMIC STROKE PLAN

Patient Label Here

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Communication
	Inclusion/Exclusion Guidelines for Throm (Inclusion/Exclusion Guidelines for Thrombolytic Therapy)
	Notify Nurse (DO NOT USE FOR MEDS) ☐ Avoid, if possible, NG tube insertion, CVL insertion, IM injection, or arterial punctures, within 24 hours of t-PA completion.
	Notify Nurse (DO NOT USE FOR MEDS) ☐ Do not place foley catheter within 30 minutes of t-PA completion
	Notify Provider of VS Parameters (Notify Provider if VS) ☐ Temp Greater Than 101, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 94, SBP Greater Than 180, SBP Less Than 120, DBP Greater Than 105, DBP Less Than 60, HR Greater Than 120, HR Less Than 50
	.Medication Management ☐ Start date T;N HOLD all Anticoagulants/Antithrombolytics/Antiplatelets for 24 hours until repeat CT done at 24 hours shows NO intracranial hemorrhage
	Notify Nurse (DO NOT USE FOR MEDS) ☐ DISCONTINUE infusion and obtain CT Head, STAT CBC/Fibrinogen/PT w/INR/PTT IMMEDIATELY if there is deterioration of neuro signs and/or signs of severe or uncontrollable bleeding.
	Notify Provider (Misc) ☐ Reason: If any deterioration of neuro signs and/or signs of bleeding.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	First, calculate the total dose of alteplase (t-PA). Usual dose is 0.9 mg/kg with a MAX dose of 90 mg. Give 10% of the total dose as a bolus over 1 minute. Then, infuse the remaining 90% of the total dose over 1 hour. BOLUS DOSE (10% of total dose) **alteplase (tPA (CVA 1st dose))** ☐ 0.09 mg/kg, IVPush, inj, ONE TIME, Infuse over 1 min, Max dose: 9 mg Acute ischemic stroke.
	INFUSION DOSE (remaining 90% of total dose) **alteplase (tPA (CVA 2nd dose))** ☐ 0.81 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 60 min, Max dose: 81 mg Acute ischemic stroke.
	Follow t-PA infusion with 50 mL NS. **NS (NS bolus)** ☐ 50 mL, IVPB, ONE TIME, Infuse NS at same rate as the Alteplase Infusion

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	niCARdipine 25 mg/250 mL - Titratable ☐ Start at rate:_____mg/hr ☐ IV, Maximum titration: 2.5 Titration units: mg/hr every 5 minutes, Max dose: 15 mg/hr, Primary Titration Goal Maintain SBP Less Than 180 mmHg Final concentration = 0.1 mg/mL (100 mcg/mL).
	Other Medications
	aminocaproic acid ☐ 5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr Infuse over one hour.
	aminocaproic acid 5 g/250 mL NS ☐ IV Final concentration = 20 mg/mL. Usual maintenance dose is 1 gram/hr for 8 hours. Recommended maximum DAILY dose is 30 grams. ☐ Start at rate:_____g/hr
	Laboratory
	CBC ☐ STAT
	Fibrinogen Level ☐ STAT
	Prothrombin Time with INR ☐ STAT
	PTT ☐ STAT
	BB Platelet for pts 25 kg or GREATER
	BB Cryoprecipitate for pts 25 kg or GREA (BB Cryoprecipitate for pts 25 kg or GREATER)
	Diagnostic Tests
	CT Head w/o ☐ STAT, Intracerebral hemorrhage
	CT Head w/o ☐ T+1;N, STAT, Intracerebral hemorrhage

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Physician Signature: _____ **Date** _____ **Time** _____

UMC Health System

BB TYPE AND SCREEN PLAN

Patient Label Here

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Laboratory
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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Physician Signature: _____ **Date** _____ **Time** _____