

DATE	TIME	ORDERS: <b>Stroke Thrombolytic Therapy</b>
		Allergies: _____ Weight in kg: _____
		Provider: _____
		<b>I. BEFORE ADMINISTERING TPA</b> <b>A. Review Inclusion/exclusion criteria checklist to confirm treatment</b> <b>B. Confirm patient NOT showing spontaneous improvement</b> <b>C. Confirm within blood pressure parameters (SBP &gt;185mm Hg or DBP &gt;110mm Hg)</b> <b>D. Discuss the risks and benefits of thrombolytic therapy with patient and family and have tPA consent completed, (form number Stroke #7).</b> <b>E. Obtain consent from on-call Stroke Physician for tPA administration and acceptance for patient transfer.</b>
		<b>II. PHYSICIAN'S ORDERS</b> (Implement ALL orders unless crossed out by physician) <ul style="list-style-type: none"> <li>Foley catheter prior to infusion</li> <li>Keep patient NPO</li> <li>Assure patency of second PIV access.</li> <li>Review and document in medical record receipt of results for CT scan, CBC, platelet count, PT, INR, PTT, Glucose, CMP, Cardiac enzymes and EKG</li> <li>Vital signs and neuro checks every 15 minutes after start of tPA infusion</li> </ul>
		<b>III. PHYSICIAN MEDICATION ORDERS</b> <ul style="list-style-type: none"> <li>Labetalol (Trandate) Administer : Labetalol 20mg IV push over 2 minutes PRN for SBP&gt;185 or DBP&gt;110 in patients eligible for tPA therapy. Hold if HR&lt;50. Recheck BP in 10 minutes. ***May repeat every 10 minutes as blood pressure indicates to a max dose of 300mg***</li> <li>Nitro paste 1 - 2 inches transdermal PRN for SBP&gt;185 or DBP&gt;110 after second dose Labetalol</li> <li>Tissue plasminogen activator (tPA) Activase® Calculate: Total stroke dose: Patient weight in kilograms _____ kg x 0.9mg/kg= _____mg. Maximum total dose=90mg 10% bolus dose: Total stroke dose _____mg x 0.1= _____mg IV infusion dose: Total stroke dose _____mg – 10% bolus dose _____mg= _____mg Administer: Activase® _____ mg IV as a 10% bolus over one minute. Activase® _____mg IV continuous infusion over one hour</li> </ul> <p style="text-align: center;"><b>STOP INFUSION IMMEDIATELY IF ANY SIGNS OF SERIOUS BLEEDING OR NEUROLOGICAL DETERIORATION OCCUR.</b></p> <p style="text-align: center;"><b>Up to 24 hours following infusion: No anticoagulants, antiplatelets, arterial punctures, IM injections or invasive procedures.</b></p>
		<b>IV. Complete REGION 6 forms and transport to accepting Primary Stroke Center</b>

PHYSICIAN SIGNATURE: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**KIRBY  HOSPITAL**

\*\*\*\*\*PATIENT LABEL \*\*\*\*\*

Stroke #3 01/2011