

For your acute ischemic stroke patients

# The first 24 hours are critical when Activase (alteplase) is administered<sup>1-3</sup>

Close observation and frequent monitoring of patients for neurologic changes, any signs/symptoms of intracranial hemorrhage, and any signs of adverse drug reactions are important during patient recovery.

**Consider using the Activase Therapy Checklist as a guide in tracking your patients' recovery**

## During tPA therapy

- Perform neurologic assessment<sup>1\*</sup>**  
The use of a stroke rating scale, preferably the NIHSS, is recommended.
  - Repeat every 15 minutes during the 1-hour infusion to monitor for neurologic deterioration<sup>1,4\*</sup>
- Check for major and/or minor bleeding<sup>2</sup>**  
All body secretions should be tested for occult blood.<sup>3</sup>
  - Major bleeding: intracranial, retroperitoneal, gastrointestinal, or genitourinary hemorrhages<sup>2</sup>
  - Minor bleeding: gums, venipuncture sites, hematuria, hemoptysis, skin hematomas, or ecchymosis<sup>2</sup>
  - Arterial and venous punctures should be minimized and checked frequently<sup>3</sup>
- Monitor blood pressure** every 15 minutes during the 1-hour infusion<sup>1,2,4\*</sup>
  - Blood pressure should be monitored frequently and controlled during and after tPA administration (systolic blood pressure  $\leq 185$  mm Hg and diastolic blood pressure  $\leq 110$  mm Hg)<sup>4</sup>
  - Administer antihypertensive medications to maintain blood pressure at or below these levels<sup>1\*</sup>
- Discontinue infusion and obtain an emergency CT scan** if the patient develops severe headache, acute hypertension, nausea, or vomiting; or has a worsening neurologic examination<sup>1\*</sup>
- Monitor for signs of orolingual angioedema<sup>4</sup>**  
If angioedema is noted, promptly institute appropriate therapy (eg, antihistamines, intravenous corticosteroids, or epinephrine) and consider discontinuing tPA infusion.

## Post tPA therapy

- Continue to monitor for neurologic deterioration<sup>1,2\*</sup>**
  - Every 15 minutes for the first hour after the infusion is stopped
  - Every 30 minutes for the next 6 hours
  - Hourly from the eighth postinfusion hour until 24 hours after the infusion is stopped
- Continue to check for major and/or minor bleeding<sup>2</sup>**
- Continue to monitor and control blood pressure<sup>1,2\*</sup>**
  - Every 15 minutes for the first hour after the infusion is stopped
  - Every 30 minutes for the next 6 hours
  - Hourly from the eighth postinfusion hour until 24 hours after the infusion is stopped
- Obtain a follow-up CT scan or MRI** at 24 hours before starting anticoagulants or antiplatelet agents<sup>1\*</sup>
- Continue to monitor for signs of orolingual angioedema<sup>4</sup>**

**If any complications occur, immediately inform the attending physician or neurologist.**

\*Adapted from the American Heart Association/American Stroke Association (AHA/ASA).

**Activase is the standard of care for treating eligible acute ischemic stroke patients within 3 hours.<sup>1</sup>**

Note: Each of these guidelines or policy statements represents only one possible approach to the treatment of eligible acute ischemic stroke patients. Each healthcare practitioner and institution will need to exercise professional judgment in creating or adopting treatment protocols or guidelines, as well as in the treatment of each individual patient.

tPA=tissue plasminogen activator; NIHSS=National Institutes of Health Stroke Scale; CT=computerized tomography; MRI=magnetic resonance imaging.

**References:** 1. Jauch EC, Saver JL, Adams HP Jr, et al. Guidelines for the early management of patients with acute ischemic stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2013;44(3):870-947. 2. Summers D, Leonard A, Wentworth D, et al. Comprehensive overview of nursing and interdisciplinary care of the acute ischemic stroke patient: a scientific statement from the American Heart Association. *Stroke*. 2009;40(8):2911-2944. 3. American Association of Neuroscience Nurses. *Guide to the Care of the Hospitalized Patient With Ischemic Stroke*. 2nd ed. Glenview, IL: American Association of Neuroscience Nurses; 2009. 4. Activase Prescribing Information. Genentech USA, Inc. April 2011.

**Please see Indication and Important Safety Information on next page.**



# Activase (alteplase) Therapy Checklist<sup>1,2</sup>

**Perform neurologic assessments:** unchanged (u); improving (i); deteriorating (d)  
Every 15 minutes for the first 2 hours after start of infusion

Minutes:	15	30	45	60	75	90	105	120
Chart time:								
Neurologic assessment:								

Every 30 minutes for the next 6 hours after infusion

Minutes:	150	180	210	240	270	300	330	360	390	420	450	480
Chart time:												
Neurologic assessment:												

Hourly from the eighth postinfusion hour until 24 hours after infusion

Hours:	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Chart time:																
Neurologic assessment:																

**Monitor blood pressure (BP)**  
Every 15 minutes for the first 2 hours after start of infusion

Minutes:	15	30	45	60	75	90	105	120
Chart time:								
BP:								

Every 30 minutes for the next 6 hours after infusion

Minutes:	150	180	210	240	270	300	330	360	390	420	450	480
Chart time:												
BP:												

Hourly from the eighth postinfusion hour until 24 hours after infusion

Hours:	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Chart time:																
BP:																

## Indication

Activase (Alteplase) is indicated for the management of acute ischemic stroke in adults for improving neurological recovery and reducing the incidence of disability. **Treatment should only be initiated within 3 hours after the onset of stroke symptoms, and after exclusion of intracranial hemorrhage by a cranial computerized tomography (CT) scan or other diagnostic imaging method sensitive for the presence of hemorrhage (see CONTRAINDICATIONS in the full prescribing information).**

## Important Safety Information

All thrombolytic agents increase the risk of bleeding, including intracranial bleeding, and should be used only in appropriate patients. Not all patients with acute ischemic stroke will be eligible for Activase therapy, including patients with evidence of recent or active bleeding; recent (within 3 months) intracranial or intraspinal surgery, serious head trauma, or previous stroke; uncontrolled high blood pressure; or impaired blood clotting.

**Please see full Prescribing Information for additional Important Safety Information.**

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