

## ACUTE ISCHEMIC STROKE ORDERS & TRANSPORT PROTOCOL

### STROKE WORKUP

- Date / Time patient last known well: \_\_\_\_\_
- Vital Signs: Minimum of every 15 minutes (with continuous O2 and cardiac monitoring)
- Two peripheral IV's (18 gauge preferable)
- Labs: CBC, CMP, PT/INR, PTT, Blood Glucose, Troponin
- Diagnostic: CT Head Without Contrast (notify radiologist for STAT read); EKG
- Strict NPO
- NIH Stroke Scale Score: \_\_\_\_\_
- Complete tPA Checklist :
  - Patient meets tPA criteria, proceed with tPA orders below.
  - TPA contraindicated due to \_\_\_\_\_ (cross through tPA orders)
- Notify Dispatch / Transport Team

### PRE TPA

- Monitor BP every 15 minutes. **Keep BP < 185/110mmHg**
  - Labetolol 10 mg IVP (may repeat x 1). (Hold for HR < 60)
  - Hydralazine 10 mg IVP. (May repeat x 1). (Hold if SBP < 140 or DBP < 80)
  - Nicardipine gtt. 5 mg/hr to max of 15 mg/hr
- Start Normal Saline IVF drip at 75 mL per hour
- Weight in kilograms \_\_\_\_\_

### TPA PREP / ADMINISTRATION

Calculations Checked by: (2 initials) \_\_\_\_\_ & \_\_\_\_\_

- Mix tPA with sterile water as provided by the manufacturer to a concentration of 1 mg/mL
- Calculate Total Dose (will be the bolus + infusion):
  - **Total Dose:** (0.9mg/kg) = \_\_\_\_\_ (max of 90 mg)
- Waste unneeded tPA portion.
  - **Waste:** (100mg – total dose) = \_\_\_\_\_ mg.
- Administer Bolus over 1 minute IV push
  - **Bolus Dose:** 10% of total dose (total dose x 0.1) = \_\_\_\_\_ mg. / **Time Given:** \_\_\_\_\_
- Administer Infusion Dose as a secondary infusion over 1 hour.
  - **Infusion Dose:** 90% of total dose (total dose x 0.9) = \_\_\_\_\_ mg. / **Time Started:** \_\_\_\_\_

### POST TPA / TRANSPORT PREPARATION:

- Monitor Vital Signs every 15 minutes.
  - Keep **SBP <180mmHg, DBP <105 mmHg,**
    - Labetolol 10 mg IVP (may repeat x 1). (Hold for HR < 60)
    - Hydralazine 10 mg IVP. (May repeat x 1). (Hold if SBP < 140 or DBP < 80)
    - Nicardipine gtt. 5 mg/hr to max of 15 mg/hr
  - Keep SBP > 100: NS 500ml IVF bolus
- Monitor Neuro Checks every 15 minutes.
  - If sudden change in mental status or severe headache, STOP t-PA infusion.
- Monitor for Adverse Reactions:
  - Angioedema, gingival oozing, ecchymoses, abdominal and/or flank pain, hemoptysis, hematemesis, shortness of breath/rales/rhonchi, STOP t-PA infusion.

#### CAUTIONS

- NO Anticoagulation or Antiplatelet Therapy for 24 hours
- No foley insertion/re-insertion, central venous line placement or arterial puncture for at least 24 hours after tPA
- Avoid insertion of nasogastric tube for 6-8 hours after tPA administration
- Send or cloud copy of CT Head Scan
- Send patient records with documentation of allergies, current medications, past medical history

Telephone order from Dr. \_\_\_\_\_

Nursing signature/RAV: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT IDENTIFICATION

TEMPLATE