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 guage 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