

Stroke Alteplase Orders [1344]

General

Nursing

Vital Signs (Selection Required)

[X] Vital signs - T/P/R/BP	STAT, Per unit protocol Per protocol, within 15 minutes prior to the start of the alteplase bolus, every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST start of alteplase infusion. For Temp, check every 4 hours.
[X] Neurological assessment	STAT, Once Assessment to Perform: Perform within 15 minutes prior to start of alteplase bolus
[X] HM Stroke Change Scale (HMSCS)	STAT, Every 15 min, Perform NIH Stroke Scale if/when an increase of 2 or more points in the HM Stroke Change Scale and notify provider. , Every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST start of alteplase infusion.

Activity (Single Response)

() Strict bed rest	Routine, Until discontinued, Starting S
() Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges

Nursing

[X] NIH Stroke Scale	STAT, Now then every 24 hours, Starting S For 2 Occurrences After alteplase administration and 24 hours after infusion.
[X] NIH Stroke Scale	Routine, As needed, Starting S Perform NIH Stroke Scale for any neurologic deterioration
[X] No NSAIDs INcluding aspirin	STAT, Until discontinued, Starting S For 24 Hours Reason for "No" order: Contraindicated with alteplase administration
[X] No anticoagulants INcluding UNfractionated heparin	STAT, Until discontinued, Starting S For 24 Hours Reason for "No" order: Contraindicated for alteplase administration
[X] No anti-platelet agents INcluding aspirin	STAT, Until discontinued, Starting S For 24 Hours Reason for "No" order: Contraindicated for alteplase administration
[X] Post Alteplase: Maintain blood pressure	Systolic greater than or equal to (mmHg): Systolic less than or equal to (mmHg): 180 Diastolic greater than or equal to (mmHg): Diastolic less than or equal to (mmHg): 105 MAP Range (mmHg):
[X] Avoid punctures, ABG, NGT, Central Lines, Foley Catheters or other invasive procedures for 24 hours post alteplase unless essential	STAT, Until discontinued, Starting S For 24 Hours
[X] Nurse to accompany patient for all transport for first 24 hours	STAT, Until discontinued, Starting S For 24 Hours
[] No PT or OT for 12 hours post alteplase infusion	STAT, Until discontinued, Starting S
[X] Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding	STAT, Until discontinued, Starting S Careful monitoring of puncture sites once fibrinolytic action begins.
[X] No IM injections for 24 hours post alteplase infusion	STAT, Until discontinued, Starting S

<input checked="" type="checkbox"/> Apply pressure	STAT, Once Specify location: Site of oozing, bleeding, or bruising If oozing, bleeding, or bruising occurs, apply digital pressure until hemostasis is achieved and notify the ordering physician.
<input checked="" type="checkbox"/> Place sequential compression device	"And" Linked Panel
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

Finger Stick Blood Glucose (FSBG) Monitoring

<input type="checkbox"/> Bedside glucose	Routine, Every 4 hours Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl
<input type="checkbox"/> Bedside glucose	Routine, Every 6 hours Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl

Notify

<input checked="" type="checkbox"/> Notify Physician for intracerebral hemorrhage, internal bleeding, facial edema, or allergic reaction is suspected (e.g., neurologic status worsens greater than 2 points on NIHSS scale or severe headache develops)	STAT, Until discontinued, Starting S
<input checked="" type="checkbox"/> Notify responsible provider if IV access is urgently needed	STAT, Until discontinued, Starting S
<input checked="" type="checkbox"/> Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C)	STAT, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)

IV Fluids

Medications

Alteplase (Selection Required)

<input type="checkbox"/> Alteplase for Acute Ischemic Stroke: For Patients LESS THAN 100 kg	"Followed by" Linked Panel
<input type="checkbox"/> alteplase (ACTIVASE) bolus	0.09 mg/kg, intravenous, for 1 Minutes, once, For 1 Doses
<input type="checkbox"/> alteplase (ACTIVASE) infusion	0.81 mg/kg, intravenous, for 60 Minutes, once, Starting H+1 Minutes, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % for Post-Alteplase Infusion	0.81 mL/kg/hr, intravenous, once, Starting H+61 Minutes, For 1 Doses Administer 50 mL through the SAME line that the alteplase infusion was administered through (to flush the line).
<input type="checkbox"/> Alteplase for Acute Ischemic Stroke: For Patients 100 kg or GREATER	"Followed by" Linked Panel
<input type="checkbox"/> alteplase (ACTIVASE) bolus	9 mg, intravenous, for 1 Minutes, once, For 1 Doses
<input type="checkbox"/> alteplase (ACTIVASE) infusion	81 mg, intravenous, for 1 Hours, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % 50 mL for Post-Alteplase Infusion	81 mL/hr, intravenous, once, Starting H+61 Minutes, For 1 Doses Administer 50 mL through the SAME line that the alteplase infusion was administered through (to flush the line).

Reason for Late Initiation of Thrombolytic Therapy

Per Stroke Core Measures criteria: alteplase needs to be ADMINISTERED within 60 minutes of arrival and within 4.5 hours from last known well, otherwise a reason for extending initiation time is required.

<input type="checkbox"/> Reason for late initiation of IV thrombolytic	Routine, Once Reason for extending the initiation of IV Thrombolytics:
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Hypertensive Urgency - Once Orders (Pre alteplase)

[X] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, once, For 1 Doses To be administered before alteplase is started. Systolic Blood Pressure GREATER than 185 mmHg and/or Diastolic Blood Pressure GREATER than 110 mmHg. Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM HOLD parameters for this order: No Hold Parameters needed Contact Physician if:
[] hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, once, For 1 Doses To be administered before alteplase is started. Systolic Blood Pressure GREATER than 185 mmHg and/or Diastolic Blood Pressure GREATER than 110 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) HOLD parameters for this order: No Hold Parameters needed Contact Physician if:

Hypertensive Urgency - PRN (Post alteplase)

[X] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg To be administered AFTER alteplase has been administered. Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM. HOLD parameters for this order: No Hold Parameters needed Contact Physician if:
[] hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg To be administered AFTER alteplase has been administered. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) HOLD parameters for this order: No Hold Parameters needed Contact Physician if:

Hypertensive Urgency - niCARDipine (CARDENE) IV infusion

[X] niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated Initiate nicardipine infusion at 2.5 mg/hr. Titrate by 2.5 mg/hr every 15 minutes. Do not exceed 15 mg/hr. Once BP goal is achieved, wean dose to minimum dose required to maintain desired therapeutic effect. Pre-alteplase target: Systolic Blood Pressure is LESS THAN 185 mmHg and Diastolic Blood Pressure is LESS THAN 110 mmHg. Post-alteplase target: Systolic Blood Pressure is LESS THAN 180 mmHg and Diastolic Blood Pressure is LESS THAN 105 mmHg
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VTE

Labs

Type and Screen

[] Type and screen	
[] Type and screen	STAT For 1 Occurrences, Blood Bank
[] ABO and Rh confirmation	Once, Blood Bank Confirmation

Cardiology

Imaging

CT - STAT

[] CT Stroke Brain Wo Contrast	STAT, 1 time imaging For 1
[] CT Stroke Brain Wo Contrast	STAT, Conditional Frequency For 1 If acute deterioration in neurological condition worsens post alteplase administration
[] CTA Head W Wo Contrast	STAT, 1 time imaging For 1
[] CTA Neck W Wo Contrast	STAT, 1 time imaging For 1

CT OR MRI - To be performed between 22 and 26 hours AFTER alteplase (tPA) infusion and PRIOR to starting antiplatelets or anticoagulants (Single Response)

Select CT if imaging procedure will be performed during after hours

() CT POST TPA Brain wo contrast	Routine, 1 time imaging For 1 Perform between 22 and 26 hours AFTER alteplase (tPA) infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when alteplase (tPA) infusion was completed and schedule CT Head Wo Contrast between 22 and 26 hours after this time.
() MR POST TPA BRAIN wo contrast	Routine, 1 time imaging For 1 Perform between 22 and 26 hours AFTER alteplase (tPA) infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when alteplase (tPA) infusion was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

Other Studies

Respiratory

Respiratory Therapy

[X] Oxygen therapy	STAT, Continuous Device: Device 2: Device 3: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Indications for O2 therapy:
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Rehab

Consults

For Physician Consult orders use sidebar

Consults

[] Consult Neurology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
[] Consult to Speech Language Pathology	Routine, Once Consult Reason: Dysphagia,Dysarthria Reason for consult: Reason for SLP? If for dysphagia, may not assess the patient until at least 2 hours past the completion of the alteplase infusion
[] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Other Specify: Stroke Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:

Consult to OT eval and treat

Reason for referral to Occupational Therapy (mark all that apply): Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Additional Orders