

# Alteplase (tPA)-Associated Angioedema Management [4091]

PROVIDER: IMMEDIATELY DISCONTINUE ALTEPLASE (TPA) AND DISCONTINUE ACEI/ARB'S

## Nursing

### Nursing

<input type="checkbox"/> Monitor airway	STAT, Continuous, Starting today Edema involving larynx, palate, floor of mouth, or oropharynx with rapid progression (within 30 minutes), poses higher risk of requiring intubation.
<input type="checkbox"/> Notify Physician for symptoms of increasing angioedema	Routine, Until discontinued, Starting today

## Medications

### Medications

<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	125 mg, intravenous, once, For 1 Doses
<input checked="" type="checkbox"/> diphenhydramine (BENADRYL) injection	50 mg, intravenous, once, For 1 Doses
<input checked="" type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, once, For 1 Doses

### PRN Medications (Single Response)

<input type="radio"/> epINEPHrine (ADRENALIN) 1 mg/1 mL injection	0.3 mg, subcutaneous, once PRN, anaphylaxis, for worsening angioedema If needed for anaphylaxis, administer immediately and call prescribing physician.
<input type="radio"/> racepinephrine 2.25 % solution for nebulization	0.5 mL, nebulization, once PRN, shortness of breath, for further increase in angioedema Aerosol Delivery Device: if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications: