

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="checkbox"/> 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="checkbox"/> 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: |