

Alteplase (tPA) Reversal Management - Symptomatic ICH Management within 24 Hours of alteplase (tPA) Administration [4112]

PROVIDER: DISCONTINUE ALTEPLASE (TPA) INFUSION IMMEDIATELY

Nursing

Vital Signs and HM Stroke Change Scale (HMSCS) (Single Response) (Selection Required)

() Vital Signs and HM Stroke Change Scale (HMSCS)
Every 15 Minutes

Vital signs - T/P/R/BP STAT, Per unit protocol

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.

() Vital Signs and HM Stroke Change Scale (HMSCS)
Every 30 Minutes

Vital signs - T/P/R/BP STAT, Every 30 min

HM Stroke Change Scale (HMSCS) STAT, Every 30 min,

Perform NIH Stroke Scale if/when an increase of 2 or more points in the HM Stroke Change Scale and notify provider.

() Continue with Post-Alteplase Vital Signs and HM Stroke Change Scale (HMSCS)

Continue with Post-Alteplase Vital Signs and HM Stroke Change Scale (HMSCS) Routine, Until discontinued, Starting today For Until specified

Notify

Notify Physician for vitals: Routine, Until discontinued, Starting today
Temperature greater than:
Temperature less than:
Systolic BP greater than: 180
Systolic BP less than:
Diastolic BP greater than: 105
Diastolic BP less than:
MAP less than:
Heart rate greater than (BPM):
Heart rate less than (BPM):
Respiratory rate greater than:
Respiratory rate less than:
SpO2 less than:

Medications

Medications (Single Response)

() tranexamic acid (CYCLOKAPRON) IVPB 1,000 mg, intravenous, for 10 Minutes, once, Starting today, For 1 Doses

() Aminocaproic Acid - Bolus and Infusion

aminocaproic acid (AMICAR) sodium chloride 0.9 % (loading dose) 5 g, intravenous, for 60 Minutes, once, For 1 Doses

aminocaproic acid (AMICAR) infusion 1 g/hr, intravenous, continuous, Starting H+60 Minutes

Labs

Laboratory - STAT

Type and screen

Type and screen STAT For 1 Occurrences, Blood Bank

ABO and Rh confirmation Once, Blood Bank Confirmation

CBC with platelet and differential STAT For 1 Occurrences

Prothrombin time with INR STAT For 1 Occurrences

| | |
|--|------------------------|
| <input checked="" type="checkbox"/> Partial thromboplastin time, activated | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> Fibrinogen | STAT For 1 Occurrences |
| <input type="checkbox"/> Glucose level | STAT For 1 Occurrences |

Blood Products

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|---|--|
| <input type="checkbox"/> Red Blood Cells | |
| <input type="checkbox"/> Prepare RBC | Routine Transfusion Indications: if (answer = Other (Specify)) Other indication: Transfusion date: |
| <input type="checkbox"/> Transfuse RBC | Routine Transfusion duration per unit (hrs): |
| <input type="checkbox"/> sodium chloride 0.9% infusion | 250 mL, intravenous, at 30 mL/hr, continuous Administer with blood |
| <input type="checkbox"/> Platelet pheresis | |
| <input type="checkbox"/> Prepare platelet pheresis | Routine Transfusion Indications: if (answer = Other (Specify)) Other indication: Transfusion date: |
| <input type="checkbox"/> Transfuse platelet pheresis | Routine Transfusion duration per unit (hrs): |
| <input type="checkbox"/> sodium chloride 0.9% infusion | 250 mL, intravenous, at 30 mL/hr, continuous Administer with blood |
| <input type="checkbox"/> Fresh Frozen Plasma | |
| <input type="checkbox"/> Prepare fresh frozen plasma | Routine Transfusion Indications: if (answer = Other (Specify)) Other indication: Transfusion date: |
| <input type="checkbox"/> Transfuse fresh frozen plasma | Routine Transfusion duration per unit (hrs): |
| <input type="checkbox"/> sodium chloride 0.9% infusion | 250 mL, intravenous, at 30 mL/hr, continuous Administer with blood |
| <input checked="" type="checkbox"/> Cryoprecipitate | |
| <input checked="" type="checkbox"/> Prepare cryoprecipitate | Routine Transfusion Indications: Other (Specify) if (answer = Other (Specify)) Other indication: Other indication: Symptomatic alteplase ICH management Transfusion date: |
| <input checked="" type="checkbox"/> Transfuse cryoprecipitate | Routine Transfusion duration per unit (hrs): |
| <input checked="" type="checkbox"/> sodium chloride 0.9% infusion | 250 mL, intravenous, at 30 mL/hr, continuous Administer with blood |

Consults

Consults - STAT

| | |
|--|--|
| <input checked="" type="checkbox"/> Consult Hematology | Reason for Consult? Patient/Clinical information communicated? if (answer = Answering service) Additional information: Patient/clinical information communicated? if (answer = Consultant not contacted) Will you contact the consultant? if (answer = Answering service notified) Additional information: |
|--|--|

[X] Consult Neurosurgery

Reason for Consult?

Patient/Clinical information communicated?

if (answer = Answering service)

Additional information:

Patient/clinical information communicated?

if (answer = Consultant not contacted)

Will you contact the consultant?

if (answer = Answering service notified)

Additional information: