
General

Nursing

Vital Signs (Selection Required)

☒ **Vital signs - T/P/R/BP**

STAT, Per Unit Protocol , Per protocol, within 15 minutes prior to the start of the tenecteplase (thrombolytic) administration, every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST tenecteplase (thrombolytic) administration. For temperature, check every 4 hours.

☒ **NIHSS Assessment**

STAT, Once , Perform within 15 minutes prior to start of tenecteplase (thrombolytic) administration.

☒ **HM Stroke Change Scale (HMSCS)**

STAT, Q15 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 tenecteplase (thrombolytic) administration.

Activity

☐ **Strict bed rest**

Routine, Until Discontinued, Starting Today, At: N

☐ **Bed rest with bathroom privileges**

Routine, Until Discontinued, Starting Today, At: N, Bathroom Privileges: with bathroom privileges

Nursing

☒ **NIH Stroke Scale**

STAT, Once, For 1 Occurrences , 24 hours after tenecteplase administration.

☒ **NIH Stroke Scale**

Routine, PRN, Starting Today , Perform NIH Stroke Scale for any neurologic deterioration

☒ **No NSAIDs INcluding aspirin**

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours, Reason for "No" order: Contraindicated with tenecteplase (thrombolytic) administration

☒ **No anticoagulants INcluding UNfractionated heparin**

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours, Reason for "No" order: Contraindicated for tenecteplase (thrombolytic) administration

☒ **No anti-platelet agents INcluding aspirin**

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours, Reason for "No" order: Contraindicated for tenecteplase (thrombolytic) administration

☒ **Post Tenecteplase (Thrombolytic): Maintain blood pressure and Notify Physician for Vitals (Selection Required)**

Post Tenecteplase (Thrombolytic): Maintain blood pressure

Systolic less than or equal to (mmHg): 180, Diastolic less than or equal to (mmHg): 105

And

Notify Physician for vitals:

STAT, Until Discontinued, Starting Today, At: N, Temperature greater than: 100.3, SpO2 less than: 95

☒ **Avoid punctures, ABG, NGT, Central Lines, Foley Catheters or other invasive procedures for 24 hours post tenecteplase (thrombolytic) unless essential**

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours

☒ **Nurse to accompany patient for all transport for first 24 hours**

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours

☒ **No PT or OT for 12 hours post tenecteplase (thrombolytic) administration**

STAT, Until Discontinued, Starting Today, At: N

☒ **Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding**

STAT, Until Discontinued, Starting Today, At: N , Careful monitoring of puncture sites once fibrinolytic action begins.

☒ **No IM injections for 24 hours post tenecteplase (thrombolytic) administration**

STAT, Until Discontinued, Starting Today, At: N

☒ **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.

☒ Place sequential compression device (Selection Required)

Place/Maintain sequential compression device continuous

Routine, Continuous

Finger Stick Blood Glucose (FSBG) Monitoring

☐ Bedside glucose

Routine, Q4H , Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl

☐ Bedside glucose

Routine, Q6H , Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl

Notify

☒ 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 Today, At: N

☒ Notify responsible provider if IV access is urgently needed

STAT, Until Discontinued, Starting Today, At: N

IV Fluids

Medications

Tenecteplase (Selection Required)

Tenecteplase for Stroke Dosing Card - \\epic-nas.et0922.epichosted.com\static\OrderSets\Tenecteplase for Stroke Dosing Card_2025.pdf

☐ Patient Weight LESS than 30 kg (Selection Required)

☒ tenecteplase (TNKASE) injection

0.25 mg/kg, intravenous, Once, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

☐ Patient Weight 30 to 39 kg (Selection Required)

☒ tenecteplase (TNKASE) injection

10 mg, intravenous, Once, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

☐ Patient Weight 40 to 49 kg (Selection Required)

☒ tenecteplase (TNKASE) injection

12.5 mg, intravenous, Once, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

☐ Patient Weight 50 to 59 kg (Selection Required)

☒ tenecteplase (TNKASE) injection

15 mg, intravenous, Once, Starting When signed, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

☐ Patient Weight 60 to 69 kg (Selection Required)

☒ tenecteplase (TNKASE) injection

17.5 mg, intravenous, Once, Starting When signed, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

☐ Patient Weight 70 to 79 kg (Selection Required)

☒ tenecteplase (TNKASE) injection

20 mg, intravenous, Once, Starting When signed, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

☐ Patient Weight 80 to 89 kg (Selection Required)

☒ tenecteplase (TNKASE) injection

22.5 mg, intravenous, Once, Starting When signed, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

☐ Patient Weight 90 kg or GREATER (Selection Required)

☒ tenecteplase (TNKASE) injection

25 mg, intravenous, Once, Starting When signed, For 1 Doses , Administer over 5 seconds. Flush with sodium chloride 0.9% before and after tenecteplase administration.

Reason for Late Initiation of Thrombolytic Therapy

Per Stroke Core Measures criteria: tenecteplase (thrombolytic) 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.

[\[\] Reason for late initiation of IV thrombolytic](#)

Routine, Once

[Hypertensive Urgency - Once Orders \(Pre tenecteplase\) \(thrombolytic\)](#)

[\[X\] 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 tenecteplase (thrombolytic) is administered. 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, BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

[\[\] 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 tenecteplase (thrombolytic) is administered. 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), BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

[Hypertensive Urgency - PRN \(Post tenecteplase\) \(thrombolytic\)](#)

[\[X\] labetalol \(NORMODYNE, TRANDATE\) injection - Select an alternative agent if heart rate is LESS than 55 BPM](#)

10 mg, intravenous, Q6H PRN, high blood pressure, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg , To be administered AFTER tenecteplase (thrombolytic) has been administered. Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM., BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

[\[\] hydrALAZINE \(APRESOLINE\) injection - Use alternative therapy if patient is tachycardic \(GREATER than 100 BPM\)](#)

10 mg, intravenous, Q6H PRN, high blood pressure, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg , To be administered AFTER tenecteplase (thrombolytic) has been administered. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM), BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

[Hypertensive Urgency - niCARDipine \(CARDENE\) IV infusion](#)

[\[X\] niCARDipine \(CARDENE\) IV infusion](#)

2.5-15 mg/hr, intravenous, Titrated, Initiate at {nicardipine initial dose:33030}, Titrate to keep {SBP or MAP range:32983}, Titrate by 1 to 2.5 mg/hr Within 15 minutes, Do not exceed 15 mg/hr

[VTE](#)

[Labs](#)

[Type and Screen](#)

[\[\] Type and screen](#)

STAT, For 1 Occurrences

[Cardiology](#)

[Imaging](#)

[CT - STAT](#)

[\[\] CT Stroke Brain Wo Contrast](#)

STAT, Once, Starting Today, At: 0100

[\[\] CT Stroke Brain Wo Contrast](#)

STAT, Conditional , If acute deterioration in neurological condition worsens post tenecteplase (thrombolytic) administration, Neuro deficit(s), subacute, progressive, or fluctuating

[\[\] CTA Stroke Head and CTA Stroke Neck W Wo Contrast](#)

STAT, Once, Starting Today, At: 0100 , Neuro deficit < 24 hours, Neuro deficit, acute, stroke suspected

[CT OR MRI - To be performed between 22 and 26 hours AFTER tenecteplase \(thrombolytic\) administration and PRIOR to starting antiplatelets or anticoagulants](#)

Select CT if imaging procedure will be performed during after hours

[\(\) CT POST THROMBOLYTIC Brain wo contrast](#)

Routine, Once, Starting Today, At: 0100 , Perform between 22 and 26 hours AFTER tenecteplase (thrombolytic) administration and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when tenecteplase (thrombolytic) administration was completed and schedule CT Head Wo Contrast between 22 and 26 hours after this time.

[\(\) MR POST THROMBOLYTIC BRAIN wo contrast](#)

Routine, Once, Starting Today, At: 0100 , Perform between 22 and 26 hours AFTER tenecteplase (thrombolytic) administration and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when tenecteplase (thrombolytic) administration was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

[Other Studies](#)

[Respiratory](#)

Respiratory Therapy

☒ Oxygen therapy

Routine, Continuous, Initial Device: Nasal Cannula, SpO2 Goal: Other (Specify), Specify: 95% and above

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

☒ Consult Neurology

Referral for 1 visits (expires: S+365)

☐ Consult Physical Medicine Rehab

Referral for 1 visits (expires: S+365)

Consults

☐ Consult to Speech Language Pathology

Routine, Once, Reason for consult: Dysphagia, Dysarthria, If for dysphagia, may not assess the patient until at least 2 hours past the completion of the thrombolytic administration.

☒ Consult to PT eval and treat

Reasons for referral to Physical Therapy (mark all applicable): Other, Specify: Stroke

☒ Consult to OT eval and treat

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

Additional Orders
