

Location: \_\_\_\_\_

## General

## Nursing

## Vital Signs (Required)

**Vital signs - T/P/R/BP** Per unit protocol, STAT, 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** Once, STAT, Perform within 15 minutes prior to start of tenecteplase (thrombolytic) administration. Assessment to Perform:

**HM Stroke Change Scale (HMSCS)** Every 15 min, STAT, 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** Until discontinued, Routine
- Bed rest with bathroom privileges** Until discontinued, Routine  
Bathroom Privileges:  with bathroom privileges

## Nursing

**NIH Stroke Scale** Once, 1, Occurrences, STAT, 24 hours after tenecteplase administration.

**NIH Stroke Scale** As needed, S, Routine, Perform NIH Stroke Scale for any neurologic deterioration

**No NSAIDs INcluding aspirin** Until discontinued, 24, Hours, STAT  
Reason for "No" order:  Contraindicated with tenecteplase (thrombolytic) administration

**No anticoagulants INcluding UNfractionated heparin** Until discontinued, 24, Hours, STAT  
Reason for "No" order:  Contraindicated for tenecteplase (thrombolytic) administration

**No anti-platelet agents INcluding aspirin** Until discontinued, 24, Hours, STAT  
Reason for "No" order:  Contraindicated for tenecteplase (thrombolytic) administration

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

**Post Tenecteplase (Thrombolytic): Maintain blood pressure** Until discontinued, STAT

Systolic less than or equal to (mmHg):  180  
Diastolic less than or equal to (mmHg):  105  
Systolic greater than or equal to (mmHg):  
Diastolic greater than or equal to (mmHg):  
MAP Range (mmHg):

**Notify Physician for vitals:** Until discontinued, STAT

Temperature greater than:  100.3  100.5  
SpO2 less than:  95  92  
Temperature less than:  
Systolic BP greater than: 160  
Systolic BP less than: 90  
Diastolic BP greater than: 100  
Diastolic BP less than: 50  
MAP less than: 60.000  
Heart rate greater than (BPM): 100  
Heart rate less than (BPM): 60  
Respiratory rate greater than: 25  
Respiratory rate less than: 8

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

**Nurse to accompany patient for all transport for first 24 hours** Until discontinued, 24, Hours, STAT

**No PT or OT for 12 hours post tenecteplase (thrombolytic) administration** Until discontinued, STAT

**Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding** Until discontinued, STAT, Careful monitoring of puncture sites once fibrinolytic action begins.

**No IM injections for 24 hours post tenecteplase (thrombolytic) administration** Until discontinued, STAT

**Apply pressure** Once, STAT, If oozing, bleeding, or bruising occurs, apply digital pressure until hemostasis is achieved and notify the ordering physician.

Specify location:  Site of oozing, bleeding, or bruising

Sign: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Place sequential compression device Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

## Finger Stick Blood Glucose (FSBG) Monitoring

 Bedside glucose Every 4 hours, Routine, Blood, Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl Bedside glucose Every 6 hours, Routine, Blood, 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) Until discontinued, STAT Notify responsible provider if IV access is urgently needed Until discontinued, STAT

## IV Fluids

## Medications

Tenecteplase (Required)

**Tenecteplase for Stroke Dosing Card** (\\epic-nas.et0922.epichosted.com\static\OrderSets\Tenecteplase for Stroke Dosing Card.pdf) tenecteplase (TNKASE) injection 0.25 mg/kg, intravenous, once, 1, Occurrences

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 Once, Routine

Reason for extending the initiation of IV Thrombolytics:

## Hypertensive Urgency - Once Orders (Pre tenecteplase) (thrombolytic)

 labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM 10 mg, intravenous, once, 1, Occurrences, Systolic Blood Pressure GREATER than 160 mmHg

BP &amp; HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

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

 hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) 10

mg, intravenous, once, 1, Occurrences, Systolic Blood Pressure GREATER than 160 mmHg

BP HOLD parameters for this order: ○ ONCE or PRN Orders - No Hold Parameters Needed

Contact Physician if:

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)

## Hypertensive Urgency - PRN (Post tenecteplase) (thrombolytic)

 labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM 10 mg, intravenous, every 6 hours PRN, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER

than 105 mmHg, high blood pressure

BP &amp; HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

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.

 hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) 10

mg, intravenous, every 6 hours PRN, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure

GREATER than 105 mmHg, high blood pressure

BP HOLD parameters for this order: ○ ONCE or PRN Orders - No Hold Parameters Needed

Contact Physician if:

To be administered AFTER tenecteplase (thrombolytic) has been administered. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

## Hypertensive Urgency - niCARDipine (CARDENE) IV infusion

 niCARDipine (CARDENE) IV infusion titrated

VTE

Labs

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Type and Screen**

**Type and screen** STAT, 1, Occurrences, Routine, Blood

**Cardiology**

**Imaging**

**CT - STAT**

**CT Stroke Brain Wo Contrast** 1 time imaging, STAT

Physican phone number:

Last Known Normal (LKN):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**CT Stroke Brain Wo Contrast** Conditional Frequency, STAT, If acute deterioration in neurological condition worsens post tenecteplase (thrombolytic) administration

Physican phone number:

Last Known Normal (LKN):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**CTA Stroke Head and CTA Stroke Neck W Wo Contrast** 1 time imaging, STAT, Neuro deficit < 24 hours

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**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** 1 time imaging, Routine, 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.

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**MR POST THROMBOLYTIC BRAIN wo contrast** 1 time imaging, Routine, 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.

What are the patient's sedation requirements?

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**Other Studies**

**Respiratory**

**Respiratory Therapy**

**Oxygen therapy** Continuous, Routine

Initial Device:  Nasal Cannula

SpO2 Goal:  Other (Specify)

Specify: 95% and above

Device:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

**Rehab**

**Consults**

For Physician Consult orders use sidebar

**Physician Consults**

**Consult Neurology** Once, Routine

Provider Group:  
Reason for Consult?  
Reason for Consult:  
Patient/Clinical information communicated?  
Patient/Clinical information communicated?  
Patient/clinical information communicated?  
To Provider:  
Provider Group:  
Reason for Consult?  
Patient/Clinical information communicated?  
Estimated Discharge Date: \*\*\*  
Time in OBS:  
Last known normal: \*\*\*  
Focal Deficit: \*\*\*

**Consult Physical Medicine Rehab** Once, Routine

Provider Group:  
Reason for Consult?  
Patient/Clinical information communicated?  
Patient/clinical information communicated?  
To Provider:  
Provider Group:

**Consults**

**Consult to Speech Language Pathology** Once, Routine, If for dysphagia, may not assess the patient until at least 2 hours past the completion of the tenecteplase (thrombolytic) administration.  
Reason for consult:  Dysphagia  Dysarthria  
Reason for SLP?

**Consult to PT eval and treat** Once, Routine  
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:  
Reason for PT?

**Consult to OT eval and treat** Once, Routine  
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:  
Reason for OT?

**Additional Orders**