



PHYSICIAN'S ORDERS
Emergency Department,
Critical Care, NACU, CCU

Medication Allergies/Reactions

Substances or Food Allergies/Reactions

None known

None known

Thrombolysis 1 Hour Infusion Protocol

Init.	Non-Medication	Init.	IV and Medication (Medication, dose, route, frequency)
	<p>Vital Signs: Vital signs with mNIHSS or Neuro vitals, O₂ saturation <input checked="" type="checkbox"/> q15 minutes × 1h during Alteplase administration</p> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Oxygen Titration Protocol (OTP) to maintain O₂ saturation greater than or equal to 92%</p>		<p>ALTEPLASE (tPA) TOTAL DOSE: Patient weight _____ kg × 0.9 mg/kg = _____ mg IV</p> <p>Maximum total dose is 90 mg 10% of total dose given first as a bolus over 1 minute, THEN 90% of total dose given as a continuous infusion over 1 hour</p> <p>IV Therapy: <input type="checkbox"/> NS at _____ mL/h IV</p>
	<p>Assessment</p> <p><input checked="" type="checkbox"/> Angioedema assessment q15 min starting at 30 minutes post initiation of Alteplase infusion</p> <p>Call Physician: If evidence of neurological deterioration or any of the following: <input checked="" type="checkbox"/> Systolic BP greater than 185 mmHg or less than 110 mmHg <input checked="" type="checkbox"/> Diastolic BP greater than 110 mmHg or less than 60 mmHg <input checked="" type="checkbox"/> Oral or tympanic temperature greater than 37.5° C <input checked="" type="checkbox"/> Heart rate less than 50 bpm or evidence of new atrial fibrillation <input checked="" type="checkbox"/> Respiration rate greater than 24 per minute <input checked="" type="checkbox"/> Evidence of angioedema (hemilingual, pharyngeal swelling which may progress bilaterally); start management of angioedema below.</p> <p>Activity: <input checked="" type="checkbox"/> Bedrest</p> <p>Diet: <input checked="" type="checkbox"/> NPO during infusion <input checked="" type="checkbox"/> No nasogastric feeding tube</p> <p>Tests/Treatment: <input checked="" type="checkbox"/> Cardiac monitoring <input checked="" type="checkbox"/> No IM injections <input checked="" type="checkbox"/> Avoid urinary catheterization Exception: If patient accepted for endovascular therapy, insert urinary indwelling catheter – only if this does not delay transfer to Angio Suite <input checked="" type="checkbox"/> If decision to pursue with endovascular therapy, ED RN to inform NACU Charge RN at ext. 10330 prior to transfer to Angio Suite <input checked="" type="checkbox"/> Neurology to complete Request For Admission (RFA)</p>		<p>Management of Blood Pressure</p> <p>Target systolic BP is less than 185 mmHg and diastolic BP less than 110 mmHg. If systolic BP greater than 185 mmHg OR diastolic BP greater than 110 mmHg for 2 or more readings taken 10 minutes apart: call physician and give the agent as selected below.</p> <p>Physician to consider one of the following IV agents, as clinically indicated: If heart rate greater than 50 bpm AND if no significant asthma, physician to consider: <input type="checkbox"/> Labetalol 10 mg IV over 2 minutes THEN Repeat q 10 minutes prn to maintain target BP Maximum dose 300 mg in 24 hours Administer IV direct undiluted</p> <p>OR If Labetalol contraindicated, or if patient not at target after 2 doses, physician to consider: <input type="checkbox"/> Hydralazine 10 mg IV over 1 minute THEN Repeat q 10 minutes prn to maintain target BP Maximum dose 40 mg in 4 hours Administer IV direct in 20 mL NS</p>
			<p>Treatment of Fever, Pain, Nausea</p> <p>Antipyretics, Analgesics: <input type="checkbox"/> Acetaminophen 325–650 mg PO/PR q4h prn for temperature greater than 37.5° C or pain</p> <p>Antiemetics: <input type="checkbox"/> Ondansetron 4 mg IV q6h prn Dimenhydrinate (Gravol) <input type="checkbox"/> 25 mg PO/IV q4h prn OR <input type="checkbox"/> 50 mg PO/IV q4h prn</p>

Management of Angioedema for the Initial 24 hours Following Alteplase

<p><input checked="" type="checkbox"/> If evidence of angioedema, discontinue Alteplase infusion and initiate pharmacological treatment.</p> <p>If severe swelling or airway compromise, call Anesthesia and Respiratory Therapy STAT for airway management.</p>	<p><input checked="" type="checkbox"/> Diphenhydramine 50 mg IV STAT THEN q4h prn × 24 hours AND <input checked="" type="checkbox"/> Ranitidine 50 mg IV STAT THEN q8h prn × 24 hours AND If severe: <input type="checkbox"/> Methylprednisolone 40 mg IV q8h prn × 24 hours Avoid epinephrine, unless hypotension or impending airway compromise</p>
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Date (yy/mm/dd)	Time	Physician (printed)	Signature (Physician)
Date (noted)	Time	Processed by	Signature (Nurse)