

Order set:
ALTEPLASE (tPA) THROMBOLYSIS FOR ACUTE STROKE
 Saskatchewan Acute Stroke Pathway Protocols

Addressograph

*****Ensure Medication Reconciliation Form has been reviewed*****
*****Coordinate a required observation bed on ward*****

Pre Alteplase (tPA) Infusion

ACTION

- Inclusion/exclusion criteria completed and signed by physician (see appendix A)
- Document discussion of benefits and risks of treatment with patient/family
- IV lines: #1 alteplase (tPA) administration
 #2 IV fluid access/drug access – 0.9% NaCl at _____ mL/h
- Baseline Blood Pressure = _____ mmHg at presentation

Alteplase (tPA) Infusion

Goal: Door-to-Needle time less than or equal to 60 minutes

- Patient weight = _____ kg
- Total Dose = _____ mg (0.9 mg/kg to a maximum of 90 mg)
- Alteplase (tPA) start time _____ h
- Initial IV Bolus alteplase (tPA):** (= 10 % of total dose) _____ mg IV
 - Less than 100 kg: 0.09 mg/kg IV over 1 minute
 - 100 kg and over: 9 mg IV over 1 minute

THEN

- Continuous infusion alteplase (tPA)** (= 90 % of total dose): _____ mg IV
 - Less than 100 kg (0.81 mg/kg): mg IV over 60 minutes
 - 100 kg and over: 81 mg IV over 60 minutes

Vitals/Monitoring

- Continuous cardiac monitoring for a minimum of 2 hours
- Bed rest for 24 hours post alteplase infusion
- T, HR, BP, neurological, airway and angioedema assessment:
 - Vitals and neurological assessment q15minutes for first 2 hours after drug initiated
 - THEN
 - Vitals and neurological assessment q30minutes and PRN for 2 hours
 - THEN
 - Vitals and neurological assessment q4h and PRN
- Assess puncture sites for bleeding or hematomas with vital signs
- Notify MRP if any evidence of:
 - o Neurological deterioration - Consider stop infusion and STAT CT Head
 - o Bleeding
 - o Angioedema - monitor tongue and airway at 30, 45, 60, and 75 minutes post infusion
 Change in T, HR, RR, BP, SpO₂

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 PRACTITIONER PRINTED NAME

 PRACTITIONER SIGNATURE

 DATE/TIME

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Post Alteplase tPA Administration

ACTION

- If SBP greater than 185 mmHg or DBP greater than 110 mmHg notify MRP
 - Usual first line treatment:
 - labetalol 5 mg IV **OR** 10 mg IV over at least 2 minutes q10minutes PRN until BP within parameters (administer a maximum of 3 doses of labetalol)
 - Hold labetalol if heart rate less than 60 bpm
 - Reassess labetalol and BP management after 24 hours

- If BP requires continued IV medication treatment, consider ICU consult for invasive monitoring.

Post Alteplase tPA Administration

- Repeat CT Head approximately 24 hours (+/- 6 hours) after alteplase (tPA) infusion
- No antiplatelet agents e.g. ASA, clopidogrel, prasugrel, ticagrelor; IV heparin; oral anticoagulants e.g. warfarin, dabigatran, rivaroxaban, apixaban for first 24 hours post infusion and until follow up CT has been reviewed
- ***Call MRP if antiplatelet or anticoagulant therapy not ordered post 24 hours CT*****
- Avoid intramuscular injections, central venous access, and arterial puncture for 24 hours,
- Avoid NG tube insertion for 24 hours post infusion.
- Avoid bladder catheterization for 24 hours post infusion
- Implement Acute Stroke Admission Order Set when infusion completed – MRP to complete

Other Orders

PRACTITIONER INITIAL	DATE/TIME
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