

STROKE ORDER GUIDELINE
POST IV Tissue Plasminogen Activator (t-PA)

Date: _____
Patient Diagnosis: Stroke

Time: _____
Condition: Critical

- **NO HEPARIN, NO ASPIRIN UNTIL 24 HOURS AFTER INFUSION OF t-PA**
- Date/Time when t-PA was given/finished: _____

Allergies: Drug: _____ Other: _____

Code Status: _____

Advanced directives completed: (circle one) Yes No

Weight upon admission: _____

Vital signs: (BP, HR, T, R, SaO2) Q 15 minutes X 1 hour after admission; then Q 30 minutes
X 1 hour, then Q 1 hour X 24 hours

Vital sign parameters: IF BP > 185/110 FOR 2 MINUTES call MD and proceed with protocol below:

IF SPB 185-230 mm Hg and/or DBP 105-120 mm Hg on two readings 5 to 10 minutes apart:

Give labetalol 10 mg intravenously over 1-2 minutes. May repeat or double labetalol every 10 to 20 min to a maximum dose of 300 mg or give the initial labetalol bolus and then start a labetalol drip at 2 to 8 mg/min.

IF systolic BP > 230 mm Hg or diastolic BP 121-140 mm Hg:

- Give labetalol 10 mg intravenously over 1-2 minutes. The dose may be repeated or double labetalol every 10 min to a maximum dose of 300 mg or give the initial labetalol bolus and then start a labetalol drip at 2 to 8 mg/min.

OR

- Nicardipine 5 mg/hr intravenous infusion as initial dose; Titrate to desired effect by increasing 2.5 mg/hr every 5 min to maximum of 15 mg/hr. If BP is not controlled by labetalol, consider sodium nitroprusside.

IF diastolic BP > 140 mm Hg:

Start intravenous sodium nitroprusside 0.5 mcg/kg/min infusion as initial dose and titrate to desired blood pressure

Monitor BP Q 15 minutes for 2 hours, then every 30 min for 6 hours, and then every hour for 16 hours.

- Observe for hypotension.

Neuro checks: Q 30 minutes X4; then Q 1 hour X 24 hours.
Call MD for any change in neurological status

Oxygen at 2L to keep Oxygen sat > 92%

Daily weights (record on nursing flow sheet)

I & O: Indwelling foley catheter placed **prior to** thrombolytic administration

Incentive spirometry Q2 hours while awake (if patient able to perform)

IF INTRACRANIAL HEMORRHAGE SUSPECTED:

- Neurologic deterioration, new headache, acute hypertension, nausea, vomiting

MOUNTAIN WEST MEDICAL CENTER

TELESTROKE

- Discontinue rt-PA infusion
- Obtain an immediate CT scan
- Draw blood; PT, aPTT, platelet count, fibrinogen
- Prepare to give fibrinogen 6-8 Units and cryoprecipitate containing Factor VIII
- Prepare to give platelets 6-8 Units

IF intracranial hemorrhage is present on CT scan:

- Evaluate laboratory results; fibrinogen, PT, aPTT
- Consider alerting and consulting neurosurgeon
- Consider alerting and consulting hematologist
- Consider second CT scan to assess size change

I.V. fluids: Normal Saline with 20 mEq Potassium Chloride @ _____ / hour.

Diet:

- NPO
- No NG tube placement

Consults:

- Speech therapy for clinical bedside swallow evaluation, (dysphagia screening)
- Bedside swallow assessment (MD/Nursing)
- Nutrition
- Case Management
- Physical Therapy
- Occupational Therapy
- Rehabilitation Consult

Activity:

- Bedrest with HOB @ 30 degrees: _____
- Other: _____

Precautions:

- Aspiration
- Seizures
- Falls

Medications:

- Aspirin 325 mg PO/PR daily start date: _____
- Aggrenox 1 PO daily for 10 days then BID start date: _____
- Plavix 75 mg PO daily
- Famotidine 20 mg IV Q12 **OR** Ranitidine 150 mg PO BID *circle which agent*
- Docusate 100 mg PO BID
- Acetaminophen 650 mg PO Q 4-6 hours prn pain or temp.>38.5

MOUNTAIN WEST MEDICAL CENTER
TELESTROKE

Medications (continued):

Blood glucose finger sticks every **4 hours** every **6 hours**.

(circle which one)

- Insulin (sliding scale) Q 4hours
- | | |
|---------|--|
| 0-69 | 1 amp D50 |
| 70-120 | No action |
| 121-150 | 2 units regular insulin Sub Q |
| 151-200 | 4 units regular insulin Sub Q |
| 201-250 | 6 units regular insulin Sub Q |
| 251-300 | 8 units regular insulin Sub Q |
| 301-350 | 10 units regular insulin Sub Q |
| 351-400 | 12 units regular insulin Sub Q |
| >400 | 14 units regular insulin Sub Q and call MD |

Other: 1) _____ 2) _____
3) _____ 4) _____

See attached order sheets for additional medications

Deep Vein Thrombosis (DVT) Prophylaxis

- Ted hose
 Compression boots (while in bed)
 Heparin 5000 Units BID **OR** TID Sub-Q **circle which schedule** (start 24 hours after t-PA infusion)
 DVT Prophylaxis not indicated

Admission Labs:

___ CBC w/diff	___ VDRL
___ ESR	___ UA
___ Basic metabolic panel	___ Mg++
___ Hepatic function panel	___ Fibrinogen
___ Renal function panel	___ PT
___ PTT	
___ INR	___ Other: _____

AM labs (for next day only):

___ CBC w/diff	___ PT
___ Basic metabolic panel	___ PTT
___ Hepatic function panel	___ Lipid panel, fasting
___ Lipoprotein, (a) fasting	___ Homocysteine, fasting
___ Troponin	___ A ₁ C

Diagnostic tests:

___ MRI – indication: stroke (the following AM)	
___ diffusion	___ CU/S – indication: R/O stenosis
___ perfusion	___ TTE – indication: R/O source of embolus
___ MRA of head	___ with bubble study
___ MRA of neck down to arch	___ r/o Aortic Arch Atheroma
___ 12-lead ECG	___ TEE – indication: R/O source of embolus
___ CXR – indication-r/o pulmonary disease	___ without bubble
___ Head CT	___ WITH bubble
___ Head CTA with Perfusion	___ Other: _____

Education:

___ Stroke Education (ischemic/ hemorrhagic, TIA) ___ Smoking Cessation
___ Risk Factors: _____

Physician signature: _____ pager # _____