

## Computerized Order Entry Form

**Please complete all sections of this page before proceeding to the order sets**

Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name

Patient Name: \_\_\_\_\_  
Last First

Medical Record Number: \_\_\_\_\_ Age: \_\_\_\_\_

### CODE STATUS:

☐ **FULL CODE**

☐ With Advanced Directive for no prolonged life support

☐ **Limited CODE**

☐ No Intubation

☐ No Chest Compression

☐ No Defibrillation

☐ No Chest Compression, no Defibrillation

☐ No Intubation, no Defibrillation

☐ No Chest Compression, no Intubation

☐ No Intubation, no Defibrillation, no Chest Compression

☐ **NO CODE**

☐ Terminal comfort care

☐ CODE STATUS is unobtainable from the patient or family member. An order for FULL CODE has been written pending an ability to obtain a CODE STATUS determination.

☐ **OTHER:** \_\_\_\_\_

## Stroke Thrombolytic (tPA) Therapy, EB -[KM VERSION]

### ICU Stroke - Thrombolytic Therapy

#### Vitals

- ☐ Vital Signs q15 mins x 2 hrs, q30 mins x 6 hrs, then 1 hr x 16 hrs
- ☐ Neurological Check q15 mins x 2 hrs, q30 mins x 6 hrs, then 1 hr x 16 hrs
- ☐ Nursing Communication For minor bleeding apply pressure over site
- ☐ No IM injections, draw labs off pre-existing lines.

#### Medications

- Avoid antiplatelet and antithrombotic medications for 24 hours after administration of IV tPA infusion [Evidence](#)
- BP control is important before and during thrombolytic therapy. Keep BP BELOW 185/110 [Evidence](#)
  - ☐ Notify MD if Systolic Blood Pressure drops below 130.
  - ☐ Nursing Communication maintain BP < 185/110 during infusion, if BP not controlled then notify MD immediately.

#### t-PA [Evidence](#)

- Total t-PA dose to be given: 0.9 mg/kg of body weight- MAXIMUM DOSE SHOULD NOT EXCEED 90mg
  - ☐ TPA 100 mg Vial for infusion (recon 1mg/mL) 0.09 milligram/kilogram solution intravenous push once over 1 minute (10% of total as bolus \*\* Max dose 9 mg \*\* - Step 1 of 2)
  - ☐ TPA 100 mg Vial for infusion (recon 1mg/mL) 0.81 milligram/kilogram solution intravenously give over 1 hour via infusion pump (remaining 90% \*\* Max dose 81 mg \*\* - Step 2 of 2)

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Date

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Time

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Physician Signature

### **Additional Orders**

- ☐ Nursing Communication For ANY change in neurological status, major bleeding, nausea/vomiting or headache, discontinue TPA infusion and notify MD.
- ☐ Nursing Communication no instrumentation or invasive procedures for 24 hours after tPA administration

### **THROMBOLYTIC COMPLICATIONS**

- **For an acute change in neurological condition while on tPA:**

- ☐ **Stop tPA infusion immediately**

### **Laboratory**

- ☐ CBC w/ Diff Stat, nurse collect
- ☐ Fibrinogen Stat, Nurse collect
- ☐ PT & PTT Stat, nurse collect

### **Diagnostics**

- ☐ EKG (Non-EKG Tech)
- ☐ CT Head wo Contrast Stat, reason for exam: s/p t-PA, possible ICH

### **Medications**

- ☐ Lasix 40mg IV, x1
- ☐ mannitol 20% 0.5 gm/kg IV once

### **Transfuse**

- ☐ 8 units of cryoprecipitate
- ☐ 8 units of platelets

### **Consults**

- ☐ Call Neurosurgeon on call

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician Signature

Sutter Health eICU  
1726 28<sup>th</sup> Street  
Sacramento, CA 95816  
Clinical Phone: (916) 453-5108  
Clinical Fax: (916) 453-5110  
Clinical Email: eicu@sutterhealth.org



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Sacramento Sierra Region

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