



SCANNED TO PHARMACY

STAT MEDICATION

Admitting Physician \_\_\_\_\_

Attending Physician \_\_\_\_\_

Admit to:  Medical/Surgical  Telemetry  Critical Care Unit

Diagnosis: \_\_\_\_\_ Allergies \_\_\_\_\_

Code Status:  Full Code  No Code (DNR)  Limited Code \_\_\_\_\_

Refer to Guidelines for the Administration of alteplase to Acute Ischemic Stroke Patients (see back of order sheet)

O2 Protocol

Diagnostic Tests: (delete if already completed in ED)  STAT CT of brain without contrast  CXR Portable

EKG  CBC  CMP  PT, PTT  ESR  UA  2D Echo  Carotid Doppler

Nutrition:  NPO  NG tube feeding \_\_\_\_\_ @ 30 ml/hr.  Other \_\_\_\_\_

Textures per Speech Therapy

Consults:  Speech Therapy  Occupational Therapy  Physical Therapy  Swallow eval.  Cognitive eval.  Dietary

Discharge Planning  \_\_\_\_\_

Activity:  Bedrest  Up with assist  BSC  BRP  HOB 30 degrees or greater than \_\_\_\_\_

TEDS  Sequential Device

Vital Signs:  VS & Neuro checks Q 1 hr. x 4, then Q4 hrs.  VS & Neuro Checks Q2 hrs. x 24 hrs., then Q4 hrs.

VS per Guidelines for the Administration of alteplase to Acute Ischemic Stroke Patients

MEDICATIONS: (If treated with alteplase, do not give anticoagulants or antiplatelets for 24 hours)

IV fluid \_\_\_\_\_

Normal Saline Lock if no IV fluids.

Aspirin EC 325 mg po daily (do not give until 24 hrs. after alteplase)

Acetaminophen (Tylenol) 650 mg po/Rectal Q4 hrs. prn pain/Temp. greater than 101.

Antacid ES (Magnesium / Aluminum / Simethicone) 15mL PO Q \_\_\_\_\_ hrs. prn dyspepsia

Warfarin (Coumadin) \_\_\_\_\_ mg po Q \_\_\_\_\_ start on \_\_\_\_\_ (do not give until 24 hrs after alteplase)

Heparin: Bolus = 75 units/Kg (rounded to nearest 100 units) Initial maintenance dose = 13 units/kg/hr. (do not give until 24 hrs after alteplase) (rounded to nearest 100 units/hr.) Keep PTT \_\_\_\_\_ to \_\_\_\_\_. Adjust dose per IV Heparin Protocol.

BP Medication: \_\_\_\_\_ Maintain B/P \_\_\_\_\_ to \_\_\_\_\_.

Promethazine (Phenergan) \_\_\_\_\_ mg IV q 6 hours prn nausea

Insulin sliding scale orders  Low dose scale  Medium dose scale  High dose scale

Potassium Chloride Protocol  Intensive IV  Standard IV  po/Oral

Magnesium Protocol

Laxative Protocol  Renal Laxative Protocol

Analgesic: \_\_\_\_\_

Other \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician Signature \_\_\_\_\_



A Sutter Health Affiliate

### Stroke Clinical Pathway Orders

PATIENT IDENTIFICATION

# Sutter Roseville Medical Center

## Guidelines for the Administration of alteplase to Acute Ischemic Stroke Patients

### 1. Eligibility:

- Greater than or equal to 18 years of age
- Clinical diagnosis of ischemic stroke causing a measurable neurological deficit
- Clearly defined time of onset of stroke, less than or equal to **180 minutes** before treatment
- CT scan shows no evidence of Intracranial Hemorrhage (ICH)

### 2. Contraindications:

- Evidence of ICH on CT
- Minor or rapidly improving stroke symptoms
- Stroke or serious head injury less than or equal to 3 months
- Major surgery or trauma less than or equal to 2 weeks
- Aggressive treatment to lower BP
- Symptoms of subarachnoid hemorrhage
- Heparin adm. less than or equal to 48 hrs. with elevated aPTT
- Arterial puncture at noncompressible site less than or equal to 1 week
- History of ICH
- Seizure at stroke onset
- GI/UTI hemorrhage less than or equal to 3 weeks
- SBP greater than 185; DBP greater than 110 mm Hg
- Glucose less than 50 or greater than 400 mg/dl
- Platelet count less than 100,000/mm<sup>3</sup>
- Recent lumbar puncture
- On oral anticoagulants with PT greater than 15 sec.

### 3. Orders:

STAT CBC, Platelet Count, PT, PTT, CMP

STAT CT Scan (No contrast)

**alteplase** (DO NOT USE CARDIAC DOSE): alteplase started at \_\_\_\_\_

**0.9 mg/kg, 10% as a bolus, IV** (Do not exceed 90 mg. maximum dose) Weight \_\_\_\_\_ kg

Dose Calculation: Total stroke dose = \_\_\_\_\_ mg. (Prepared as 1:1 dilution)

10% of total dose: Total dose x 0.1 = \_\_\_\_\_ mg. bolus dose

Total dose \_\_\_\_\_ mg. - bolus \_\_\_\_\_ mg. = \_\_\_\_\_ mg. continuous infusion given over 1 hour.

**NOTE:** Mixed by pharmacy - Call pharmacy and give weight of patient and indication.

Monitor neurological status and vital signs q 15 min. for two hours after start of alteplase infusion then q 30 min x 6 hrs, then q 1 hr.

Notify physician of any worsening of neurological condition / status or major bleeding.

Do **NOT** give aspirin, anticoagulants or antiplatelets for 24 hours.

#### **BP control:**

##### Pretreatment:

Monitor BP q 15 min (should be less than 185/110 mm Hg)

If greater than 185/110, treat with Labetalol 10-20 mg. IVP over 2 min. (MRx1 in 10 min.)

If BP not reduced less than 185/110, do not treat with alteplase.

##### After treatment:

If systolic BP greater than 230 mm Hg and/or diastolic BP is 121-140 mm Hg, give Labetalol 20 mg IV over 2 min.

After bolus, initiate Labetalol infusion of 2-8 mg/min and continue until desired BP reached.

Monitor BP every 15 minutes during antihypertensive therapy. Observe for hypotension.