ACUTE ISCHEMIC STROKE ORDERS & TRANSPORT PROTOCOL

STROKE WORKUP
- Date / Time patient last known well: ______________________
- Vital Signs: Minimum of every 15 minutes (with continuous O2 and cardiac monitoring)
- O2 at 2 liters per nasal cannula
- Two peripheral IV’s (18 gauge preferable)
- Labs: CBC, CMP, PT/INR, PTT, Blood Glucose, Troponin, and pregnancy test if applicable
- Diagnostic: CT Head Without Contrast (notify radiologist for STAT read); CXR; EKG
- Strict NPO
- NIH Stroke Scale Score: ______________
- Complete tPA Checklist:
  - □ Patient meets tPA criteria, proceed with tPA orders below.
  - □ TPA contraindicated due to ________________________ (cross through tPA orders)
- Notify Dispatch / Transport Team

PRE TPA
- Insert Foley catheter
- Monitor BP every 15 minutes. Keep BP < 185/110mmHg
  - Labetolol 10 mg IVP (may repeat x 1). (Hold for HR < 60)
  - Nicardipine gtt. 5 mg/hr to max of 15 mg/hr
- Start Normal Saline IVF drip at 75 mL per hour
- Obtain signed informed consent.
- Weight in kilograms ________________ (if unable to weigh, obtain from patient/family or average 2 estimated weights)

TPA PREP / ADMINISTRATION
- Mix tPA with sterile water as provided by manufacturer to a concentration of 1 mg/mL
- Calculate Total Dose (will be the bolus + infusion):
  - Total Dose: (0.9mg/kg) = ______________ (max of 90 mg)
- Waste unneeded tPA portion.
  - Waste: (100mg – total dose) = ______________ mg.
- Administer Bolus over 1 minute IV push
  - Bolus Dose: 10% of total dose (total dose x 0.1) = ______________ mg. / Time Given: ______________
- Administer Infusion Dose as a secondary infusion over 1 hour.
  - Infusion Dose: 90% of total dose (total dose x 0.9) = ______________ mg. / Time Started: ______________
- Flush tPA remaining in IV tubing with NS – use same rate as tPA infusion.

DURING INFUSION / POST INFUSION / TRANSPORT PREPARATION:
- Monitor Vital Signs every 15 minutes.
  - Keep SBP <180mmHg, DBP <105 mmHg.
    - Labetolol 10 mg IVP (may repeat x 1). (Hold for HR < 60)
    - Nicardipine gtt. 5 mg/hr to max of 15 mg/hr
  - Keep SBP > 100: NS 500ml IVF bolus
- Monitor Neuro Checks every 15 minutes.
  - If sudden change in baseline mental status, acute headache, or vomiting, STOP t-PA infusion.
- Monitor for Adverse Reactions:
  - Gingival oozing, ecchymoses, abdominal and/or flank pain, hemoptysis, hematemesis, shortness of breath/rales/rhonchi, STOP t-PA infusion.
- CAUTIONS
  - NO Anticoagulation or Antiplatelet Therapy for 24 hours
  - No foley insertion/re-insertion, central venous line placement or arterial puncture for at least 24 hours after tPA
  - Avoid insertion of nasogastric tube for 6-8 hours after tPA administration
- Send copy of CT Head Scan
- Send patient records with documentation of allergies, current medications, past medical history

PATIENT IDENTIFICATION
- Telephone order from Dr. ___________________________________________________________
- Nursing signature/RAV: ________________________ Date: ______________ Time: ______________
- Physician Signature: ________________________ Date: ______________ Time: ______________

TEMPLATE