



PHYSICIAN'S ORDERS

Standard Orders for Intravenous Alteplase (tPA) Administration and the First 24 Hours of Post-tPA Care for Eligible Patients with Acute Ischemic (Non-Hemorrhagic) Stroke

DATE: _____ YYYY / MM / DD TIME (h): _____

PATIENT IDENTIFICATION

SIGNATURE OF NURSE

YES	NO	Physician Must Check Off Appropriate Orders
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		Alteplase infusion approved by Staff Neurologist: _____ (PRINT NAME) (Signature)
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Alteplase Dosing Orders

1		Dosage calculation (physician to complete this section) – Refer to Alteplase Infusion Table on back of this page: a. <input type="checkbox"/> Actual <input type="checkbox"/> Estimated patient weight: _____ kg _____ pounds BEFORE completing the sections below, highlight the row in the Alteplase Infusion Table corresponding to the patient's weight. b. Total dose (bolus + maintenance infusion): Refer to Alteplase Infusion Table (= _____ mg [Do not exceed maximum dose of 90 mg]) c. Bolus dose (10% of total dose): _____ mg (= _____ mL) IV over one minute, immediately followed by: d. Maintenance infusion dose (90 % of total dose): _____ mg (= _____ mL) IV over one hour (= _____ mL/h)
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2		Prepare and administer alteplase as follows: a. Independent double check to verify prescribed alteplase doses, volumes, and rates prior to administration Signature and credentials #1: _____ Signature and credentials #2: _____ b. Reconstitute 100 mg vial of alteplase with accompanying 100 mL sterile water and follow reconstitution instructions (final concentration = 1 mg/mL) c. Withdraw and label the Bolus Dose as ordered above (_____ mg = _____ mL) Signature and credentials #1: _____ Signature and credentials #2: _____ d. Withdraw the waste volume (see Alteplase Infusion Table on reverse) and label (= _____ mL) Signature and credentials #1: _____ Signature and credentials #2: _____ Discard waste amount after verified by healthcare professional #2 e. Administer the bolus dose and record time: _____ h Continued on page 2
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Physician's Signature: _____	PRINT NAME: _____	Pager: _____
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Alteplase (tPA) Infusion Table for Acute Ischemic Stroke (Use 100 mg Vial)

Weight		Total Dose (mg)	Bolus Dose (mg)	Bolus Volume (mL)	Infusion Dose (mg)	Infusion Volume (mL)	Infusion Rate (mL/h)	Waste Volume (mL)
kg	lbs.							
41-42 kg	90-93 lbs.	37	4	4	33	33	33	63
43-44 kg	94-98 lbs.	39	4	4	35	35	35	61
45-46 kg	99-102 lbs.	41	4	4	37	37	37	59
47-48 kg	103-106 lbs.	43	4	4	39	39	39	57
49-50 kg	107-111 lbs.	44	4	4	40	40	40	56
51-52 kg	112-115 lbs.	46	5	5	41	41	41	54
53-54 kg	116-120 lbs.	48	5	5	43	43	43	52
55-56 kg	121-124 lbs.	50	5	5	45	45	45	50
57-58 kg	125-128 lbs.	52	5	5	47	47	47	48
59-60 kg	129-133 lbs.	54	5	5	49	49	49	46
61-62 kg	134-137 lbs.	55	6	6	49	49	49	45
63-64 kg	138-142 lbs.	57	6	6	51	51	51	43
65-66 kg	143-146 lbs.	59	6	6	53	53	53	41
67-68 kg	147-150 lbs.	61	6	6	55	55	55	39
69-70 kg	151-155 lbs.	62	6	6	56	56	56	38
71-72 kg	156-159 lbs.	64	6	6	58	58	58	36
73-74 kg	160-164 lbs.	66	7	7	59	59	59	34
75-76 kg	165-168 lbs.	68	7	7	61	61	61	32
77-78 kg	169-172 lbs.	70	7	7	63	63	63	30
79-80 kg	173-177 lbs.	72	7	7	65	65	65	28
81-82 kg	178-181 lbs.	73	7	7	66	66	66	27
83-84 kg	182-186 lbs.	75	8	8	67	67	67	25
85-86 kg	187-190 lbs.	77	8	8	69	69	69	23
87-88 kg	191-194 lbs.	79	8	8	71	71	71	21
89-90 kg	195-199 lbs.	80	8	8	72	72	72	20
91-92 kg	200-203 lbs.	82	8	8	74	74	74	18
93-94 kg	204-208 lbs.	84	8	8	76	76	76	16
95-96 kg	209-212 lbs.	86	9	9	77	77	77	14
97-98 kg	213-216 lbs.	88	9	9	79	79	79	12
99-100 kg	217-219 lbs.	90	9	9	81	81	81	10
100 kg & up	220 lbs. & up	90	9	9	81	81	81	10





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DATE: YYYY / MM / DD TIME (h):

PATIENT IDENTIFICATION

YES	NO	Physician Must Check Off Appropriate Orders	SIGNATURE OF NURSE
Alteplase Dosing Orders (continued)			
	continued from page 1	2 f. Clear "total volume" on infusion pump. g. Using a vented IV set, hang the vial for the infusion dose and infuse over one hour as ordered above (..... mg = mL) Start time: h Checked by: Nurse #1: _____; Nurse #2: _____ h. During the one-hour infusion, check and document every 15 minutes that the infusion pump and tubing are functioning correctly i. Document infusion completion time j. When the one-hour infusion is complete and the vial is empty, replace with 50 mL bag of normal saline and infuse to clear alteplase remaining in tubing.	
Patient Monitoring			
		3 Vital signs: q15 min x 2 hours; then q30 min x 6 hours; then q1 hour x 16 hours.	
		4 Page Neurology on-call immediately if systolic BP greater than 180 or less than 100; and/or diastolic BP greater than 105 on 2 occasions, 5 minutes apart.	
		5 Neurological status (neurovitals/Glasgow Coma Scale): q1 hour x 12 hours; q2 hours x 12 hours, then Neurology on-call to reassess	
		6 If clinical deterioration occurs page Neurology on-call immediately.	
		7 Monitor urinary output q12h x 2, then physician to reassess.	
		8 Avoid urinary catheter. If required consult physician.	
		9 If required, urinary catheter to straight drainage prior to alteplase infusion. If unable to catheterize patient prior to alteplase infusion, wait 4 hours then insert. Physician to reassess in 24 hours.	
		10 Oxygen therapy if appropriate (specify);	
		11 Activity: Bedrest x 24 hours then advance as tolerated.	
		12 Avoid antiplatelet agents (including low-dose ASA, clopidogrel, prasugrel, ticagrelor, ticlopidine, Aggrenox®, NSAIDS including ketorolac) and anticoagulants both oral (e.g. warfarin, apixaban, dabigatran, rivaroxaban) and injectable (e.g. dalteparin, enoxaparin, fondaparinux, tinzaparin, heparin) unless specifically requested by physician for the first 24 hours after the alteplase bolus administration. Physician to reassess after 24 hours.	
Physician's Signature:		PRINT NAME:	Pager:

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Diagnostic Tests			
		13 Order 24-hour CT scan for all patients: NOTE: The 24-hour CT scan is ordered to assess for hemorrhage and is to be completed at 24 hours (or as close to 24 hours as possible) following completion of alteplase infusion. Use the "Comments" field in the computer order entry to request the specific 24-hour scan time desired. Select <input checked="" type="checkbox"/> one of the following options: <input type="checkbox"/> NO known contraindication to administration of CT contrast dye. Order repeat head CT scan at 24 hours post-alteplase infusion along with the Full CT Acute Stroke Imaging Protocol: CT Perfusion with contrast + CT Head without and with contrast + CTA Head and Neck + 3Dimensional reformats (computer order entry: CT Perf WC + Head WOW + CTA Car + 3D) OR <input type="checkbox"/> Patient HAS contraindication to contrast dye. Order PLAIN head CT scan at 24 hours post-alteplase infusion. If contraindication exists, identify:	
		14 Page Neurology on-call when CT scan completed. Neurology to check CT results and order stroke and deep venous thrombosis prophylaxis medication(s) (i.e. antiplatelet or anticoagulant therapy) as appropriate.	
Critical Care Phase			
		15 Admit to Critical Care bed for 24 hours post bolus.	
		16 Consult Stroke Advanced Practice Nurse. Leave voice message at ext. 7420 (and initial when done) _____.	
Transfer and Consults			
		17 Call Stroke Neurology Team when ready for transfer to floor.	
		18 Transfer to Stroke Unit after 24 hours if patient is stable. (physician to complete Standard Admission Orders for Acute Ischemic Stroke)	
Medications			
		19	
		20	
		21	
		22	
		23	
		24	
		25	
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