KINGSTON GENERAL HOSPITAL

Review Due Date: 2017 October

PATIENT CARE ORDERS
Please use black ink ballpoint pen only and press firmly to make copy

Acute Stroke with Alteplase Administration Order Set

TRANSCRIPTION

Weight: _____ kg

Adverse Reactions or Intolerances

Drug ☐ No ☐ Yes (list) _____

Food ☐ No ☐ Yes (list) _____

Latex ☐ No ☐ Yes

Admission

Admit to Neurology service: Dr. _____
Critical Care

Diagnosis: _____

Code Status: *(Prescriber to complete Code Status/Advance Directives Orders)*

*****Start Collaborative Care Plan for Acute Ischemic Stroke*****

Consults

☒ Occupational Therapy
☒ Physiotherapy
☐ Social Work
☐ Registered Dietitian
☐ Speech Language Pathologist
- ☐ Diagnosis of brain stem stroke
- ☐ Dysphagia screen positive
- ☐ To assess communication

☐ Vascular Surgery *(for patients with greater than 50% stenosis in the internal carotid artery)*
☐ Diabetes Nurse Practitioner
☐ Endocrinologist

Diet

☒ NPO
☒ **Dysphagia screen** (Use Screening Tool for Acute Neurological Dysphagia-STAND) 24 hours after alteplase initiation *(may give food and water for screen only)*
(Brain stem stroke is exclusion criteria and requires an Speech Language Pathology consult)

Activity

☒ Bed rest for 24 hours following alteplase administration, then activity as tolerated (AAT)

Pharmacy Use Only:
Reviewed by: ____
Entered by: ____
Checked by: ____

Prescriber Printed Name	Designation	Signature	Date (YYYY/MM/DD)	Time (HHMM):

KINGSTON GENERAL HOSPITAL

PATIENT CARE ORDERS
Please use black ink ballpoint pen only and press firmly to make copy

Acute Stroke with Alteplase Administration Order Set

TRANSCRIPTION

Vitals/Monitoring

Vitals

☒ Temperature, HR, RR, BP, SpO2 q15 min for 2 hours **THEN** q1 h for 22 hours **THEN** q4 – 6 h for 48 hours **THEN** reassess

☒ Notify physician if systolic BP is greater than _____ mmHg, or less than _____ mmHg **OR** diastolic BP is greater than _____ mmHg, or less than _____ mmHg

☒ Angioedema monitoring at 30, 45, 60, and 75 minutes following alteplase initiation, then q4 - 6 h for 24 hours

Neurovitals

☒ Canadian Neurological Scale (for alert or drowsy patients) **OR** Glasgow Coma Scale (for stuporous patients):

q15 min for 2 hours **THEN**

q1 hours for 22 hours **THEN**

q4 – 6 h for 48 hours **THEN** reassess

Monitoring

☒ Cardiac monitoring

☒ Continuous SpO_2 monitoring

☐ Intake and output q shift

Lines/Respiratory

Lines

☒ 2 IV lines (the primary IV should have a minimum gauge IV catheter of 18, preferably in the antecubital site)

Respiratory

☐ Oxygen Therapy Protocol (*Prescriber to complete Oxygen Therapy Protocol orders*)

Lab Investigations

☒ 12 lead ECG

☒ CBC, electrolytes, urea, creatinine, PT, PTT, INR, serum glucose, calcium, magnesium, albumin, ALP, ALT, total bilirubin, troponin, Beta HCG in females less than 50 years

☒ HbA1c

☒ Lipid profile (total cholesterol, cholesterol/HDL ratio, triglycerides, LDL cholesterol, HDL cholesterol) following 14 hour fast in morning

☒ Blood glucose by glucose meter stat:
(If first random blood glucose is greater than 10mmol/L repeat blood glucose)

☐ For diabetic patients (*prescriber to complete appropriate diabetic order sets*)
- ☐ Capillary blood glucose qid and prn

☐ Type and Hold 2 units Red Cell Concentrate

Prescriber Printed Name	Designation	Signature	Date (YYYY/MM/DD)	Time (HHMM):

Pharmacy Use Only:
Reviewed by: ____
Entered by: ____
Checked by: ____

KINGSTON GENERAL HOSPITAL

PATIENT CARE ORDERS
Please use black ink ballpoint pen only and press firmly to make copy

Acute Stroke with Alteplase Administration Order Set

TRANSCRIPTION

Diagnostic Imaging

☒ CT scan of head
- ☐ CT angiogram of head and neck
- ☐ CT perfusion scan

☐ MRI
☒ CXR Portable
☐ Carotid Doppler Studies
☐ 24 hour Holter monitor
☐ Echocardiogram
Other: _____

IV Fluids

IV Fluid
☒ Primary IV: 0.9% sodium chloride (0.9% NaCl) at _____ mL/h
☒ Secondary IV:
- ☐ IV 0.9% sodium chloride (0.9% NaCl) TKVO

OR

- ☐ IV saline lock, flush with 2 mL 0.9% sodium chloride (0.9% NaCl) bid and prn

Pharmacy Use Only:
Reviewed by: ____
Entered by: ____
Checked by: ____

Prescriber Printed Name	Designation	Signature	Date (YYYY/MM/DD)	Time (HHMM):

KINGSTON GENERAL HOSPITAL

PATIENT CARE ORDERS
Please use black ink ballpoint pen only and press firmly to make copy

Acute Stroke with Alteplase Administration Order Set

ADMISSION ORDERS FOR HOME MEDICATIONS

Prescribers: *List **ALL** outpatient prescriptions, over the counter medications and herbal remedies the patient is taking at home (i.e. 'home medications') at the time of admission and specify the status at admission (i.e. continue, discontinue or change).*
Order (1) changes in dose, route or frequency to 'home medications'** and (2) all new medications started on admission to hospital, **on the "New Admission Medication Orders" section on page 6.
Transcribers: *Only transcribe medications that are identified as 'continue'.*

	Medication Name *(Use generic names if possible)*	**Dose** *(e.g. mg, mcg, units)*	**Route** *(e.g. PO, SL, IM, topical, inhaled)*	**Frequency** (e.g. daily, bid, tid) ***(Include indication for prn medications)***	**CONTINUE**	**Discontinue**	**Change** (write new order on page 6	**Patient Supply***	**Self-Administer**	**Keep at Bedside**	**TRANSCRIPTION**
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

Personal medications should be used when the patient has provided verbal consent and the medication is not listed in the hospital Formulary or the medication is a multi-dose preparation. Patients should use their personal eye drops and inhalers whenever possible. Personal topical multi-dose preparations should be kept at the bedside.

Pharmacy Use Only:
Reviewed by: ____
Entered by: ____
Checked by: ____

Prescriber Printed Name	Designation	Signature	Date (YYYY/MM/DD)	Time (HHMM):

KINGSTON GENERAL HOSPITAL

PATIENT CARE ORDERS
Please use black ink ballpoint pen only and press firmly to make copy

Acute Stroke with Alteplase Administration Order Set

TRANSCRIPTION

Thrombolytic Therapy

☒ Alteplase 0.9 mg/kg IV, total dose _____ mg **(maximum dose 90 mg)**
(Administer as per the 0.9 mg/kg alteplase Intravenous Infusion for Acute Ischemic Stroke Dosing Protocol for IV alteplase table) (see on reverse of page)

Antiplatelets

☐ Acetylsalicylic acid enteric coated 81 mg PO daily when oral diet is ordered or Acetylsalicylic acid 80 mg by feeding tube daily when enteral diet is ordered. Start on _____ (YYYY/MM/DD) at _____ (hhmm) *(Acetylsalicylic acid not recommended within 24 hours of alteplase administration)*
OR
☐ Acetylsalicylic acid 25 mg and dipyridamole XR 200 mg 1 capsule PO bid when oral diet is ordered. Start on _____ (YYYY/MM/DD) at _____ (hhmm) (*Acetylsalicylic acid and dipyridamole not recommended within 24 hours of alteplase administration)*
OR
☐ Clopidogrel 75 mg PO/feeding tube daily when oral or enteral diet is ordered. Start on _____ (YYYY/MM/DD) at _____ (hhmm) (*Clopidogrel not recommended within 24 hours of alteplase administration)*

Nicotine Replacement

☐ (*Prescriber to complete Nicotine Replacement Therapy (NRT) Order Set (Adult))*

Fever/Pain Management

☒ Acetaminophen 650 mg suppository PR q4 h prn for pain, fever, or temperature greater than
37.5°C while NPO **OR** Acetaminophen 650 mg PO/feeding tube q4 h prn for pain, fever, or temperature greater than 37.5°C when oral or enteral diet ordered

Stroke Prevention Medications

☐ Atorvastatin _____ mg PO/feeding tube daily when oral or enteral diet ordered
☐ Ramipril _____ mg PO/feeding tube daily when oral or enteral diet ordered
☐ Hydrochlorothiazide _____ mg PO/feeding tube daily when oral or enteral diet ordered

Prescriber Printed Name	Designation	Signature	Date (YYYY/MM/DD)	Time (HHMM):

Pharmacy Use Only:
Reviewed by: ____
Entered by: ____
Checked by: ____

KINGSTON GENERAL HOSPITAL

PATIENT CARE ORDERS
Please use black ink ballpoint pen only and press firmly to make copy

Acute Stroke with Alteplase Administration Order Set

TRANSCRIPTION

Venous Thromboembolism (VTE) Prophylaxis

☐ **No Pharmacological Prophylaxis**
Reason: ☐ Patient on therapeutic anticoagulation
☐ Other: _____

☐ **Pharmacological Prophylaxis *(APMS Warning in Effect)***
☐ Dalteparin 5,000 units subcutaneously daily (recommended)
Start on _____ (YYYY/MM/DD) at _____ (hhmm) *(24 hours after alteplase initiation)*
OR
☐ Heparin 5,000 units subcutaneously q12 h (if creatinine clearance less than 30 mL/min)
Start on _____ (YYYY/MM/DD) at _____ (hhmm) *(24 hours after alteplase initiation)*

Additional New Medication Orders or Changes to Home Medications:

_____

_____

_____

_____

_____

_____

_____

Pharmacy Use Only:
Reviewed by: ____
Entered by: ____
Checked by: ____

Prescriber Printed Name	Designation	Signature	Date (YYYY/MM/DD)	Time (HHMM):

Page 6 of 6

tPA Intravenous Infusion for Acute Ischemic Stroke (concentration = 1 mg/mL)

Dosing Protocol for IV tPA

(Total IV Dose = 0.9 mg/kg)

Patient weight (kg)	10% bolus (mL)	Infusion Dose Over One Hour Where 1mg = 1mL	Total tPA dose = 0.9 mg/kg
50	5	40	45
51	5	41	46
52	5	42	47
53	5	43	48
54	5	44	49
55	5	45	50
56	5	45	50
57	5	46	51
58	5	47	52
59	5	48	53
60	5	49	54
61	6	49	55
62	6	50	56
63	6	51	57
64	6	52	58
65	6	53	59
66	6	53	59
67	6	54	60
68	6	55	61
69	6	56	62
70	6	57	63
71	6	58	64
72	7	58	65
73	7	59	66
74	7	60	67
75	7	61	68
76	7	62	68
77	7	62	69
78	7	63	70
79	7	64	71
80	7	65	72
81	7	66	73
82	7	66	74
83	8	67	75
84	8	68	76
85	8	69	77
86	8	70	77
87	8	70	78
88	8	71	79
89	8	72	80
90	8	73	81
91	8	74	82
92	8	75	83
93	8	75	84
94	9	76	85
95	9	77	86
96	9	78	86
97	9	79	87
98	9	79	88
99	9	80	89
100 +	9	81	90

Instruction: Administer **10%** bolus dose IV over one minute and the remainder as an **IV infusion over one hour**. The maximum dose is 90 mg.