

Patient Care Orders
Emergency Department – Transfer orders - Acute STROKE

Allergy Alert: NO YES (Refer to Care-Area Administrative Data Screen in MEDITECH)

Orders: The prescriber must check the tick box or complete the blank to activate the order. Any changes to be initialled by prescriber. An order without a tick box or a blank is to be considered a standard order. Orders cannot be revised after faxing to Pharmacy.

Procedure During and after alteplase Infusion:

1. NPO
2. Vital signs q15 mins x 1 hour, then q30 mins.
3. Canadian Neurological Scale (CNS) at time of bolus, q 15minutes during infusion, and then q30minutes.
 - a. If CNS decreases by 1 point with signs of neurological decline, STOP infusion and page MRP at Guelph General Hospital

Blood Pressure Monitoring and Treatment:

4. Monitor Blood Pressure (may use manual or automatic cuff) for a target SBP less than 185 mmHg **AND** DBP less than 110 mmHg. If BP exceeds target after 2 measurements, give:
 - a. labetalol 10 mg IV push over 2 min, q10 mins until goal met (max 300 mg labetalol).
(NOTE: labetalol contraindicated if severe bradycardia, 2nd degree heart block, asthma)
 - b. If target not achieved within 1 hour of onset of alteplase infusion, notify MRP at Guelph general Hospital

Observe for angioedema

5. Document state of tongue/oropharynx at 30 mins, 45 mins and 60 mins after onset of alteplase infusion.
 - a. If facial, tongue and/or pharyngeal angioedema:
 - i. STOP infusion and notify MRP at Guelph General Hospital
 - ii. Begin Angioedema Treatment:
 - Give diphenhydrAMINE 50 mg IV push over 1-2 minutes
 - Give ranitidine 50 mg in 50 mL NS IV over 15 minutes
 - Give methylPREDNISolone 80 mg IV in 50 mL NS over 15 minutes

6. dimenhyDRINATE 25-50 mg IV q4h prn for nausea or vomiting

7. dimenhyDRINATE 25-50 mg PO q4h prn for nausea or vomiting

8. Other orders: _____

Turn over for documentation

Date: _____ Time: _____ Signature: _____

Emergency Department – Transfer Documentation Record - Acute STROKE

Bring original copy of CNS & copy at receiving hospital (bring a copy back to GGH for chart)

Receiving hospital _____

Receiving MRP _____

- Ensure copies of emergency record is copied for transfer, lab to fax orders not yet complete
- Alert receiving hospital when you are leaving department
- RT to accompany RN if patient intubated

Date: _____ Time of departure: _____ hrs

Medications								
Time	Name	Dose	Route		Signature			
Nursing Notes								
Time								
Vital Signs								
Time	T	P	R	Sat%	BP	Angioedema Y/N	CNS score	Initial