



<b>Medication Allergies/Reactions</b>  <input type="checkbox"/> none known-aucune connue	<b>Substances or Food Allergies/Reactions</b>  <input type="checkbox"/> none known-aucune connue
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**POST ENDOVASCULAR TREATMENT FOR ISCHEMIC STROKE ORDERS  
ORDONNANCES POST TRAITEMENT ENDOVASCULAIRE POUR ACCIDENT VASCULAIRE CÉRÉBRAL ISCHÉMIQUE AIGÛ**

<b>Init.</b>	<b>FOR ALL PATIENT POST ENDOVASCULAR TREATMENT – POUR TOUT PATIENT SUITE AU TRAITEMENT POST-ENDOVASCULAIRE</b>
	<b>Notify Physician if:</b> <ul style="list-style-type: none"> <li>• Pedal pulses decreased from baseline or absent</li> <li>• Presence of discoloration, numbness, or swelling</li> <li>• Cool or cold skin temperature, pallor, cyanosis, pain, inability to move extremity or toes</li> <li>• Bleeding or hematoma at site -if bleeding, put head of bed (HOB) flat and apply pressure to groin</li> </ul>

**POST ENDOVASCULAR TREATMENT CARE - NO FEMORAL SHEATH  
SOINS SUITE AU TRAITEMENT POST-ENDOVASCULAIRE - SANS GAINÉ FÉMORALE**

	<ul style="list-style-type: none"> <li>• Follow admission after Alteplase orders</li> </ul> <b>Assessment:</b> <ul style="list-style-type: none"> <li>• Check groin puncture site for bleeding / hematoma, or swelling</li> </ul> <b>AND</b> Assess vascular status of affected limb (color, temperature, sensation, movement) and presence of pedal pulse: q15 minutes x 1 h <b>THEN</b> q30 minutes x 1 h <b>THEN</b> q1h x _____ hours <b>Activity:</b> <input type="checkbox"/> Complete bedrest for _____ hours; <b>THEN</b> AAT
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**POST ENDOVASCULAR CARE WITH FEMORAL SHEATH IN SITU – SOINS POST ENDOVASCULAIRE AVEC GAINÉ FÉMORALE IN SITU**

<b>Init.</b>	<b>NON-MEDICAMENT-SANS MÉDICAMENTS</b>	<b>Init.</b>	<b>IV &amp; MEDICATION-SOLUTÉ &amp; MÉDICAMENTS</b>
	<ul style="list-style-type: none"> <li>• Follow Admission After Alteplase Orders</li> </ul> <b>Activity:</b> <ul style="list-style-type: none"> <li>• Bedrest</li> <li>• Roll q1-2h</li> <li>• Head of bed (HOB) up to 30<sup>0</sup> unless bleeding occurs</li> </ul> If bleeding occurs: Lay flat and apply pressure to groin  <b>FOLLOWING Post femoral sheath removal</b> (by Interventional Radiologist) and after hemostasis achieved: <ul style="list-style-type: none"> <li>• Bedrest x 6 hours Lay flat for 2 hours <b>THEN</b> HOB up to 45<sup>0</sup></li> </ul> <b>THEN</b> toilet privileges 6 hours post hemostasis <b>THEN</b> gentle ambulation 8 hours post hemostasis <b>THEN</b> AAT 24 hours post hemostasis  <b>Assessment:</b> <ul style="list-style-type: none"> <li>• Check groin puncture site for bleeding / hematoma, or swelling</li> </ul> <b>AND</b> Assess vascular status of affected limb (color, temperature, sensation, movement) and presence of pedal pulse: q15 minutes x 1 h <b>THEN</b> q30 minutes while femoral sheath in situ <b>FOLLOWING Post sheath removal:</b> Assess vascular status of affected limb and vital signs <ul style="list-style-type: none"> <li>• q15 minutes x 1 h</li> </ul> <b>THEN</b> q30 minutes x 3 hours <b>THEN</b> q1h x _____ hours		If femoral sheath in situ: <ul style="list-style-type: none"> <li>• Heparin 1000 units/500 mL NS (2 units/mL) through arterial line (pressure bag)</li> </ul>

Date (yyaa/mm/dj)	Time-Heure	Physician-Médecin (printed-en lettres moulées)	Signature
Date (noted-notée)	Time-Heure	Processed by-Traitée par	Signature (Nurse-Infirmière)