

Medication Allergies/Reactions

Substances or Food Allergies/Reactions

None known

None known

**Admission Orders After Alteplase (tPA)**

Init. Non-Medication	Init. IV and Medication (Medication, dose, route, frequency)
<p>Admit to Dr: _____</p> <p><b>Unit:</b> Civic: <input type="checkbox"/> NACU <input type="checkbox"/> ICU General: <input type="checkbox"/> ICU Heart Institute: <input type="checkbox"/> CCU</p> <p><b>Clinical Pathway:</b> <input checked="" type="checkbox"/> Initiate Stroke Clinical Pathway on admission to Stroke Unit/Cohort</p> <p><b>Neurological assessment:</b> For patients <b>on</b> Stroke Unit <input checked="" type="checkbox"/> NIHSS q8h and prn if change in neurological status <input checked="" type="checkbox"/> If greater than or equal to 2 point increase in NIHSS or if other neurological change, notify physician For patients <b>not</b> on Stroke Unit <input checked="" type="checkbox"/> Neuro vitals with each vital signs</p> <p><b>Vital signs AND Neuro vitals:</b> <input checked="" type="checkbox"/> q 15 minutes x 1h <input checked="" type="checkbox"/> q30 minutes x 6h <input checked="" type="checkbox"/> q1h x 17h <input checked="" type="checkbox"/> Temperature q4h x 24h <b>THEN</b> after 24 hours: <input checked="" type="checkbox"/> q4h x 24h; then if stable: q8h</p> <p><b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Oxygen Titration Protocol (OTP) to maintain O<sub>2</sub> saturation greater than or equal to 92%</p> <p><b>Activity:</b> <input type="checkbox"/> First 24 hours post Alteplase: mobilize with direct supervision; then AAT <input type="checkbox"/> Follow <b>Post Endovascular Treatment For Ischemic Stroke Orders</b> SPO 131 <input type="checkbox"/> Other: _____</p> <p><b>Diet:</b> <input checked="" type="checkbox"/> Standardized swallowing screen <input checked="" type="checkbox"/> <b>NPO (no food, liquid or PO meds) until standardized swallowing screen form completed</b> <input type="checkbox"/> If patient passed screen, start: <input checked="" type="checkbox"/> Heart healthy <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus any pre-admission therapeutic diet and/or texture modification: _____ <input type="checkbox"/> If patient failed screen: <input checked="" type="checkbox"/> NPO <input checked="" type="checkbox"/> Consult SLP <input checked="" type="checkbox"/> Repeat swallowing screen within 24h (If SLP unavailable for assessment) If persistent dysphagia after initial 24 hours: <input type="checkbox"/> Insert nasogastric tube to initiate feeding protocol as per Enteral Nutrition Policies</p>	<p><b>IV Therapy:</b> <input type="checkbox"/> NS at _____ mL/h IV</p> <p><b>For INITIAL 24 hours following Alteplase infusion</b></p> <p><input checked="" type="checkbox"/> NO anticoagulants: apixaban, dabigatran, dalteparin, enoxaparin, fondaparinux, heparin, rivaroxaban, tinzaparin, warfarin</p> <p><input checked="" type="checkbox"/> NO antiplatelets: ASA, ASA-dipyridamole (Aggrenox), clopidogrel, prasugrel, ticagrelor, ticlopidine</p> <p><b>24 hours AFTER Alteplase infusion</b></p> <p><b>Following completion of 24-hour follow-up CT head:</b> <input checked="" type="checkbox"/> Call Neurology Physician and ask whether anti-thrombotics may be safely started. Antiplatelet and DVT prophylaxis therapy anticipated to start on: DATE: _____ TIME: _____ After approval by Neurologist, initiate: ASA: <input type="checkbox"/> 160 mg PO/NG loading dose x 1 <b>THEN</b> <input type="checkbox"/> 81 mg PO daily <b>OR</b> <input type="checkbox"/> 80 mg NG daily</p> <p>Clopidogrel: <input type="checkbox"/> 300 mg PO/NG loading dose x 1 <b>THEN</b> <input type="checkbox"/> 75 mg PO/NG daily</p> <p><b>DVT Prophylaxis:</b> <input type="checkbox"/> Enoxaparin 40 mg SC q24h <b>OR</b> If CrCl less than 30 mL/min choose: <input type="checkbox"/> Heparin 5000 units SC q8h <b>OR</b> <input type="checkbox"/> Sequential Compressive Device (SCD) if above agents contraindicated</p>

**Management of Angioedema for the Initial 24 hours Following Alteplase**

<p><input checked="" type="checkbox"/> If evidence of angioedema, initiate pharmacological treatment.  If severe swelling or airway compromise, call Anesthesia and Respiratory Therapy STAT for airway management.</p>	<p><input checked="" type="checkbox"/> Diphenhydramine 50 mg IV STAT <b>THEN</b> q4h prn x 24h <b>AND</b> <input checked="" type="checkbox"/> Ranitidine 50 mg IV STAT <b>THEN</b> q8h prn x 24h <b>AND</b> If severe: <input type="checkbox"/> Methylprednisolone 40 mg IV q8h prn x 24h <b>Avoid epinephrine</b>, unless hypotension or impending airway compromise</p>
---	---

Init. Non-Medication	Init. IV and Medication (Medication, dose, route, frequency)		
<p><b>Assessment</b></p> <p><b>Assessment/Treatment:</b> <input checked="" type="checkbox"/> Cardiac monitoring for 24 hours then reassess <input checked="" type="checkbox"/> Avoid IM injections for 24 hours <input checked="" type="checkbox"/> Avoid urinary catheterization for 24 hours, if possible <input checked="" type="checkbox"/> For patient post endovascular procedure, follow additional <b>Post Endovascular Treatment For Ischemic Stroke Orders</b> SPO 131 <input checked="" type="checkbox"/> Monitor for signs of angioedema with each sets of vital signs for 24 hours post Alteplase</p> <p><b>Call Physician:</b> If evidence of any of the following: <input checked="" type="checkbox"/> Systolic BP greater than 185 mmHg or less than 110 mmHg <input checked="" type="checkbox"/> Diastolic BP greater than 110 mmHg or less than 60 mmHg <input checked="" type="checkbox"/> Oral or tympanic temperature greater than 37.5° C <input checked="" type="checkbox"/> Heart rate less than 50 bpm or evidence of new atrial fibrillation <input checked="" type="checkbox"/> Respiration rate greater than 24 per minute <input checked="" type="checkbox"/> Evidence of angioedema (hemilingsual, pharyngeal swelling which may progress bilaterally); start management of angioedema</p> <p><b>Test/Treatment:</b> <input checked="" type="checkbox"/> All patients require bloodwork within 24 hours post Alteplase. Venipuncture can be performed after 6 hours following Alteplase. <input checked="" type="checkbox"/> HbA1c <input checked="" type="checkbox"/> Fasting Glucose <input checked="" type="checkbox"/> Fasting Lipid Profile <input type="checkbox"/> CBC <input type="checkbox"/> Na, K, Cl, urea, creatinine, glucose <input type="checkbox"/> PTT <input type="checkbox"/> INR <input type="checkbox"/> INR daily <input type="checkbox"/> ALP, AST, ALT, GGT, T Bili <input type="checkbox"/> If no known diabetes: Glucose by point of care testing (POCT) q12h x 48h <input checked="" type="checkbox"/> Notify Physician if blood glucose greater than 10 mmol/L Other: _____ <input checked="" type="checkbox"/> ECG (if not performed already) <input checked="" type="checkbox"/> CT scan of head 24 hours post Alteplase <input type="checkbox"/> MRI (if Holter on, remove before MRI) <input type="checkbox"/> Chest x-ray <i>Canadian Best Practice Recommendations for Stroke Care recommends vascular imaging for all suspected and confirmed strokes.</i> If CTA not performed: <input type="checkbox"/> MRA <input type="checkbox"/> Carotid Doppler If cardioembolic stroke suspected: <input type="checkbox"/> TTE <input type="checkbox"/> TEE <input type="checkbox"/> Holter Monitor</p> <p><b>Consults:</b> For Civic Campus only: <input checked="" type="checkbox"/> OT <input checked="" type="checkbox"/> PT <input checked="" type="checkbox"/> SLP <input checked="" type="checkbox"/> SW <input type="checkbox"/> Dietitian For General Campus only – Physician has completed the following referral forms: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> SW <input type="checkbox"/> Dietitian</p> <p><input checked="" type="checkbox"/> OT or PT or SLP to complete AlphaFIM® on or before Day 3 of admission for both campuses</p>	<p><b>Management of Blood Pressure</b></p> <p>Target systolic BP is less than 185 mmHg and diastolic BP less than 110 mmHg. If systolic BP greater than 185 mmHg <b>OR</b> diastolic BP greater than 110 mmHg for 2 or more readings taken 10 minutes apart: <b>call physician</b> and give the agent as selected below. Physician to consider <b>one</b> of the following IV agents, as clinically indicated: <b>If heart rate greater than 50 bpm AND if no significant asthma, physician to consider:</b> <input type="checkbox"/> Labetalol 10 mg IV over 2 minutes <b>THEN</b> Repeat q 10 minutes prn to maintain target BP Maximum dose 300 mg in 24 hours Administer IV direct undiluted <b>ALERT</b> – Cardiac monitoring Continuous blood pressure monitoring <b>OR</b> <b>If Labetalol contraindicated, or if patient not on cardiac monitor, physician to consider:</b> <input type="checkbox"/> Hydralazine 10 mg IV over 1 minute <b>THEN</b> Repeat q 10 minutes prn to maintain target BP Maximum dose 40 mg in 4 hours Administer IV direct in 20 mL NS <b>ALERT</b> – Continuous blood pressure monitoring <b>OR</b> <input type="checkbox"/> Enalaprilat 0.625 mg IV infusion over 15 minutes <b>THEN</b> 0.625 mg IV q6h prn to maintain target BP Dilute each dose in 50 mL NS and infuse over 15 minutes</p> <p><b>Treatment of Fever, Pain, Nausea</b></p> <p><b>Antipyretics, Analgesics:</b> <input type="checkbox"/> Acetaminophen 325–650 mg PO/PR q4h prn for temperature greater than 37.5° C or pain</p> <p><b>Antiemetics:</b> <input type="checkbox"/> Ondansetron 8 mg PO <b>OR</b> 4 mg IV q6h prn Dimenhydrinate (Gravol) <input type="checkbox"/> 25 mg PO/IV q4h prn <b>OR</b> <input type="checkbox"/> 50 mg PO/IV q4h prn</p> <p><b>Other Medication:</b> <input type="checkbox"/> Statin _____ <input type="checkbox"/> If known diabetes – Physician to complete SPO 215 Subcutaneous Insulin Administration</p>		
Date (yyyy/mm/dd)	Time	Physician (printed)	Signature (Physician)
Date (noted)	Time	Processed by	Signature (Nurse)