

**Acute Ischemic Stroke
Intravenous Tissue Plasminogen Activator (t-PA)**

- Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you **do not** wish to order ~~mark through~~

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

ALLERGIES: NKA **ALLERGIC to:** _____

Complete eligibility for IV thrombolytic prior to **t-PA** orders

VITAL SIGNS:

- Vital signs every 15 minutes x 4 hours; THEN
- Vital signs every 30 minutes x 4 hours; THEN
- Vital signs every 1 hours x 6 hours; THEN
- Vital signs every 2 hours x 4 hours; THEN
- Vital signs every 4 hours x 24 hours
- NeuroChecks with every set of vital signs
- Blood pressure management: refer to CHH 1263 **tissue plasminogen activator (tPA)**

IV SOLUTIONS:

- Second intravenous access: saline lock in opposite arm
- IV **tissue plasminogen activator (t-PA)** total dose: _____ mg (0.9 mg/kg, max dose: 90 mg), prepare as 1:1 dilution
 - Give _____ (10% of total dose) IV over 1 minute (bolus) THEN
 - Give _____ (90% of total dose) by continuous IV infusion over 60 minutes

PATIENT CARE:

- NIH Stroke Scale Score: _____; THEN
- Repeat Stroke Score prior to **tissue plasminogen activator (t-PA)**; THEN
- Stroke Score 2 hours post **tissue plasminogen activator (t-PA)**; THEN
- Stroke Score 24 hours post **tissue plasminogen activator (t-PA)**; THEN
- Stroke Score day 2 post **tissue plasminogen activator (t-PA)**; THEN
- Weight: _____ kilograms

LABORATORY:

- Stroke panel (if not previously completed); indication: acute stroke
- Other: _____

CONSULTS:

- Consult Neurologist: _____

COMMUNICATION:

- Do not administer heparin**, low molecular weight **heparin**, **warfarin** or antiplatelet agent (example: **aspirin**) for 24 hours after start of **tissue plasminogen activator (t-PA)** infusion
- Avoid arterial punctures and frequent venous punctures x 24 hours post **tissue plasminogen activator (t-PA)** administration
- Avoid urinary catheterization x 24 hours post **tissue plasminogen activator (t-PA)** administration

ADDITIONAL ORDERS:

Physician	Pager	Date ____/____/____	Time: _____
<input type="checkbox"/> Verbal Order Verification Signature		Date ____/____/____	Time: _____