

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

ED Stroke-Acute Ischemic: Initial Treatment

Version 2 8/18/15

Nursing Orders

- Cardiac monitor
- Vital signs: monitor blood pressure every 15 minutes x 2 hour then every 30 minutes x 6 hour then every hour for a minimum of 16 hour after tPA administration
- Assess neurologic status every 5 minutes x 3 then every 15 minutes x 1 hour then hourly (LOC, arm and leg weakness)
- Assess for bleeding

IV/ Line Placement

- Peripheral IV insert/maintain start 2nd IV
- Arterial IV insert/maintain

IV Fluids - Maintenance

- Sodium Chloride 0.9% IV
- 125 milligram/hour continuous intravenous infusion

Medications

- For patients who are not candidates for thrombolysis, avoid acute or routine lowering of BP in the immediate post-stroke period until the patient's condition has stabilized, unless values are extremely elevated OR evidence of end organ involvement is present (ie aortic dissection, acute myocardial infarction, pulmonary embolism, hypertensive encephalopathy)
- In the absence of a specific contraindication, it is reasonable to restart pre-hospital antihypertensive medications after the first 24 hours for patients with pre-existing hypertension who are neurologically stable.

Assess for contraindications for tPA (alteplase)

- For eligibility criteria for the treatment of acute ischemic stroke with tPA (alteplase) see attached link
- IV tPA (alteplase) is not recommended if more than 4.5 hours have elapsed since last neurologically normal
If tPA [alteplase (ACTIVASE)] not given SELECT
 - tPA [alteplase (ACTIVASE)] not given due to _____

Antihypertensives Prior to/During/Post tPA:

- Initiate Stroke-Ischemic Hypertension Protocol: if systolic blood pressure is greater than 180 mmHg for tPA candidates prior to administering tPA OR during tPA OR post tPA
- Initiate Stroke-Ischemic Hypertension Protocol: IF Diastolic Blood Pressure > 105 mmHg during or post tPA tPA candidates prior to administering tPA OR during tPA OR post tPA

Thrombolytic Agents

- Order IV tPA (alteplase) if infusion can begin less than 4.5 hours since last neurologically normal; if patient is eligible, administer as soon as possible (goal within 1 hour of ED arrival)
- If BP not maintained at or below 185/110 mmHg DO NOT ADMINISTER tPA alteplase (ACTIVASE)
 - 0.09 milligram/kilogram intravenously once over 1 minute; loading dose; maximum 9 milligrams immediately followed by maintenance dose
 - 0.81 milligram/kilogram intravenously once over 60 minutes; maintenance dose; maximum 81 milligrams
- Avoid antiplatelet and antithrombotic medications (including aspirin) for 24 hours after administration of IV tPA infusion OR if potential tPA candidate

Consult Provider

- Provider to provider notification preferred.
- Consult Neurologist:
 - Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____