

(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
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Diagnosis: _____
 Allergies with reaction type: _____

PERIPHERAL INTRA-ARTERIAL THROMBOLYTIC THERAPY

Version 4 03/10/2014

Dr. _____ (surgeon); after hours: phone _____ beeper _____

Dr. _____ (rad/5665): after hours: phone _____ beeper _____

Patient History:

Diabetes	Y	N	Diabetic Hemorrhagic Retinopathy	Y	N
CVA	Y	N	Uncontrolled HTN	Y	N
GI Bleed	Y	N	Intra-cranial Neoplasm	Y	N
GU Bleed	Y	N	A/V Malformation	Y	N
Coumadin Therapy	Y	N	Recent Trauma/CPR	Y	N
Bleeding Dyscrasia	Y	N	Recent Major Surgery	Y	N
Glucophage	Y	N	Pregnancy	Y	N

Patient's weight _____ kg

1. STAT: CBC, Basic Metabolic Panel, PT, PTT, Fibrinogen, type and screen
2. EKG.
2. Foley Catheter prn.
3. Establish peripheral IV line, infuse D5.225 NS TKO, if no other IV order.
4. Thrombolytic start time _____, Draw PTT, Fibrinogen, and CBC 4 hours later, at _____ . Repeat lab work every 6 hours. If PTT < _____ or > _____, notify doctor.
5. Bolus/pulse spray of tPA, 6 mg/30 ml NS in a syringe X _____ doses.
RADIOLOGIST TO BOLUS.
6. tPA infusion: Mix 10 mg tPA, in NS for a total volume of 200 ml.
Usual dose: 0.5-2.0 mg/hr or 0.05-0.1 mg/kg/hr.
7. Heparin bolus _____ units @ _____. Heparin infusion @ _____ units/hour.
8. Medications administered in Radiology.

A. _____ B. _____
C. _____ D. _____
9. Admit to ICU for continuous thrombolytic infusion.
10. Upon admission to the unit, please review medication orders with primary doctor.
11. V.S. every 5-10 minutes during initial bolus therapy, then Q 30 min. during infusion therapy, or more frequently if appropriate.
12. Monitor arterial puncture sites Q 30 min., or more frequently as appropriate.
13. No IM or SQ injections.
14. Pressure dress all puncture sites.

Initials _____

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15. Avoid excess patient movements.
16. Notify radiologist if the groin dressing requires changing. Do not remove dressing at the catheter site.
17. Diet: Clear liquids. If patient is diabetic, obtain diet order from primary doctor.

18. Repeat arteriogram through existing catheter @ _____ (time/day).

Order the arteriogram under Dr. _____ name.
19. Transport patient via bed, to minimize bleeding possibilities.
20. PCA pump: Morphine _____ Meperidine _____ per standard protocol.
21. If Fibrinogen falls below 100 or is 50% or less of the baseline Fibrinogen, discontinue thrombolytic, substituting heparinized saline to keep the line patent (2 u/ml @ TKO rate). Notify the radiologist immediately.
22. Do not use glucose in the same line as the tPA infusion.
23. tPA infusion bag must be discarded after 8 hours due to FDA requirements for sterility. Original start time _____.
24. Bleeding: Most bleeding can be controlled with gentle compression. Notify the doctor/radiologist for severe bleeding not controlled with compression also.
 - A. Obtain a STAT: : PT, PTT, CBC and Fibrinogen.
 - B. Check with MD to determine if blood transfusion/FFP is needed.
 - C. Continue compression.
 - D. DC infusion of Thrombolytic agent.
25. Strict bedrest. HOB flat (HOB elevated 15-20 degrees if cannot tolerate laying flat).

Provider Signature: _____ Date: _____ Time: _____