STROKE ORDER GUIDELINE

POST IV Tissue Plasminogen Activator (t-PA)

Date: ______________________  Time: _______________
Patient Diagnosis: Stroke  Condition: Critical

• NO HEPARIN, NO ASPIRIN UNTIL 24 HOURS AFTER INFUSION OF t-PA
• Date/Time when t-PA was given/finished: ________________________________________________

☐ Allergies: Drug: ______________________________  Other: ______________________________

☐ Code Status: _________________________________

☐ Advanced directives completed: (circle one)   Yes  No

☐ Weight upon admission: ________________________

Vital signs: (BP, HR, T, R, SaO₂) Q 15 minutes X 1 hour after admission; then Q 30 minutes
X 1 hour, then Q  1 hour X 24 hours

☐ Vital sign parameters: IF BP > 185/110 FOR 2 MINUTES call MD and proceed with protocol below:

IF SPB 185-230 mm Hg and/or DBP 105-120 mm Hg on two readings 5 to 10 minutes apart:
Give labetalol 10 mg intravenously over 1-2 minutes. May repeat or double labetalol every 10 to 20 min to a
maximum dose of 300 mg or give the initial labetalol bolus and then start a labetalol drip at 2 to 8 mg/min.

IF systolic BP > 230 mm Hg or diastolic BP 121-140 mm Hg:
• Give labetalol 10 mg intravenously over 1-2 minutes. The dose may be repeated or double
labetalol every 10 min to a maximum dose of 300 mg or give the initial labetalol bolus
and then start a labetalol drip at 2 to 8 mg/min.

OR
• Nicardipine 5 mg/hr intravenous infusion as initial dose; Titrate to desired effect by
increasing 2.5 mg/hr every 5 min to maximum of 15 mg/hr. If BP is not controlled by
labetalol, consider sodium nitroprusside.

IF diastolic BP > 140 mm Hg:
Start intravenous sodium nitroprusside 0.5 mcg/kg/min infusion as initial dose and titrate
to desired blood pressure
Monitor BP Q 15 minutes for 2 hours, then every 30 min for 6 hours, and then every hour for 16 hours.
• Observe for hypotension.

☐ Neuro checks: Q 30 minutes X4; then Q 1 hour X 24 hours.
Call MD for any change in neurological status

☐ Oxygen at 2L to keep Oxygen sat > 92%

☐ Daily weights (record on nursing flow sheet)

☐ I & O: Indwelling foley catheter placed prior to thrombolytic administration

☐ Incentive spirometry Q2 hours while awake (if patient able to perform)

☐ IF INTRACRANIAL HEMORRHAGE SUSPECTED:
• Neurologic deterioration, new headache, acute hypertension, nausea, vomiting
• Discontinue rt-PA infusion
• Obtain an immediate CT scan
• Draw blood; PT, aPTT, platelet count, fibrinogen
• Prepare to give fibrinogen 6-8 Units and cryoprecipitate containing Factor VIII
• Prepare to give platelets 6-8 Units

☐ IF intracranial hemorrhage is present on CT scan:
  • Evaluate laboratory results; fibrinogen, PT, aPTT
  • Consider alerting and consulting neurosurgeon
  • Consider alerting and consulting hematologist
  • Consider second CT scan to assess size change

☐ I.V. fluids: Normal Saline with 20 mEq Potassium Chloride @__________/ hour.

☐ Diet:
  • NPO
  • No NG tube placement

Consults:
☐ Speech therapy for clinical bedside swallow evaluation, (dysphagia screening)
☐ Bedside swallow assessment (MD/Nursing)
☐ Nutrition
☐ Case Management
☐ Physical Therapy
☐ Occupational Therapy
☐ Rehabilitation Consult

Activity:
☐ Bedrest with HOB @ 30 degrees: _______________________
☐ Other: _______________________

Precautions:
☐ Aspiration
☐ Seizures
☐ Falls

Medications:
☐ Aspirin 325 mg PO/PR daily start date: ___________
☐ Aggrenox 1 PO daily for 10 days then BID start date: ___________
☐ Plavix 75 mg PO daily
☐ Famotidine 20 mg IV Q12 OR Ranitidine 150 mg PO BID circle which agent
☐ Docusate 100 mg PO BID
☐ Acetaminophen 650 mg PO Q 4-6 hours prn pain or temp.>38.5
Medications (continued):

- Blood glucose finger sticks every 4 hours every 6 hours.
  (circle which one)
- Insulin (sliding scale) Q 4hours
  - 0-69: 1 amp D50
  - 70-120: No action
  - 121-150: 2 units regular insulin Sub Q
  - 151-200: 4 units regular insulin Sub Q
  - 201-250: 6 units regular insulin Sub Q
  - 251-300: 8 units regular insulin Sub Q
  - 301-350: 10 units regular insulin Sub Q
  - 351-400: 12 units regular insulin Sub Q
  - >400: 14 units regular insulin Sub Q and call MD

- Other: 1) ____________________ 2) ____________________
  3) ____________________ 4) ____________________

See attached order sheets for additional medications

Deep Vein Thrombosis (DVT) Prophylaxis
- Ted hose
- Compression boots (while in bed)
- Heparin 5000 Units BID OR TID Sub-Q circle which schedule (start 24 hours after t-PA infusion)
- DVT Prophylaxis not indicated

Admission Labs:
- CBC w/diff
- ESR
- Basic metabolic panel
- Hepatic function panel
- Renal function panel
- PT
- PTT
- INR
- Other: ____________________

AM labs (for next day only):
- CBC w/diff
- Basic metabolic panel
- Hepatic function panel
- Lipoprotein, (a) fasting
- Troponin
- Other: ____________________________________________

Diagnostic tests:
- MRI – indication: stroke (the following AM)
  - diffusion
  - perfusion
  - MRA of head
  - MRA of neck down to arch
  - 12-lead ECG
  - CXR – indication r/o pulmonary disease
  - Head CT
  - Head CTA with Perfusion
  - CU/S – indication: R/O stenosis
  - TTE – indication: R/O source of embolus
  - r/o Aortic Arch Atheroma
  - TEE – indication: R/O source of embolus
  - without bubble
  - WITH bubble
  - Other: ____________________________

Education:
- Stroke Education (ischemic/ hemorrhagic, TIA)
- Smoking Cessation
- Risk Factors: __________________________________________

Physician signature: ___________________________ pager # ____________________________