NIH Stroke Scale (NOTE)*
Ischemic Stroke IV tPA Checklist (NOTE)*
Neurology Call Cases to be discussed with Neurology (NOTE)*

Pre-tPA

- Saline Lock
  - Place two 20 gauge IVs

- Normodyne
  - 10 mg, Soln, IVP, Every 10 Minute Interval, PRN, Hypertension, HOLD for HR ___ (see comments), 2 Doses/Times
  - Comments:
    - (1) Keep systolic BP less than 185 mmHg and diastolic BP less than 110 mmHg
    - (2) Notify Provider if BP less than 160/80
    - (3) May increase dose to 20 mg but not to exceed a total max dose = 40 mg
    - (4) Pre-tPA BP medication order

- niCARdipine 25mg in 250mL NS (IVS)*
  - Sodium Chloride 0.9%
  - Tot Vol: 260 mL, Titrate, Soln, IV
  - Comments:
    - (1) Start at 2.5 mg/hr and titrate by 2.5 mg/hr increments every 5 minutes to keep systolic BP less than 185 mmHg and diastolic BP less than 110 mmHg;
    - (2) Notify Provider if blood pressure less than 160/80 mmHg;
    - (3) Hold for pulse less than 60 bpm;
    - (4) Max dose = 15 mg/hr; (5) Pre tPA BP medication order

- niCARdipine 25 mg = 10 mL

- Type & Screen
  - BLOOD, Stat

- Type & Screen
  - BLOOD, Stat

tPA Administration

tPA Dosing Calculator Link (NOTE)*

- tPA Bolus
  - 0.09 mg/kg, Soln, IVP, ONCE, STAT
  - Comments: Remove bolus dose from tPA vial and administer IVP in a syringe over one minute
  - MAX BOLUS DOSE = 9 mg (9 mL)
  - Documentation of dose/waste:
    - Bolus dose to be administered = ___ mg
    - Infusion dose to be administered = ___ mg
    - Drug wasted from 100mg/100mL vial = ___ EA (1 EA = 1 mg)

- tPA
  - 0.81 mg/kg, Soln, IVPB, ONCE, STAT, Infuse Over: 1 hr
  - Comments: MAX INFUSION DOSE = 81 mg
  - Documentation of dose/waste:
    - Bolus dose to be administered = ___ mg
    - Infusion dose to be administered = ___ mg
    - Drug wasted from 100mg/100mL vial = ___ EA (1 EA = 1 mg)
Emergent Large Vessel Occlusion

Screen for emergent large vessel occlusion. Consider CTA head and neck in patients with NIHSS greater than 6, patients with cortical signs of stroke and complete hemispheric syndrome within 24 hours of onset. (NOTE)*

EMMC / Inland / SVH / BHMH Use this order: (NOTE)*

☐ CT CTA Head & Neck w & w/o Contrast 70496 & 70498
   Stat, Stretcher, Acute Stroke

Mercy / TAMC use these orders: (NOTE)*

☐ CT CTA Neck w & w/o Contrast 70498
   Stat, Stretcher, Acute Stroke
☐ CT CTA Head w & w/o Contrast 70496
   Stat, Stretcher, Acute Stroke

Provider Communication (EMMC)

Pre-Embolectomy Prep
   Comments: NURSING: Clipper prep bilateral groin

☐ SP CNS Arterial Thrombectomy/Infusion
   Stat, Stretcher
☐ Foley Cath Insertion
   Place foley before tPA bolus is given if patient is going for embolectomy.

Post-tPA

Diet (NOTE)*

☐ Diet
   NPO, No exceptions, NPO until nursing completes the Dysphagia Screen (Includes oral meds).

☐ Dysphagia Screen
   (1) If patient passes the screen, then advance diet as tolerated to Cardiac Diet; (2) If patient fails the screen, patient to remain NPO (Includes oral meds) & nursing to order Speech Therapy Eval & Treatment / Bedside Swallowing.

Patient Care (NOTE)*

☐ Neuro Checks (Frequent)
   Every 15 minutes for 2 hours, every 30 minutes for 6 hours, then every hour for 16 hours post-tPA

☐ Vital Signs (Frequent)
   Every 15 minutes for 2 hours, every 30 minutes for 6 hours, then every hour for 16 hours post-tPA

☐ Notify If
   ED Stroke Ischemic (With tPA) Module
   Comments:
   (1) Systolic BP greater than 180 or diastolic BP greater than 105 mmHg for 24 hours post-tPA
   (2) Pulse greater than 120 or less than 50
   (3) If major bleeding or a change in neuro status occurs, allergic reaction, headache or nausea/vomiting discontinue tPA and notify provider immediately.
**Activity**

- Bedrest, with head of bed elevated 30 degrees

**Telemetry Monitoring**

- Continuous, while in ED

**Oxygen**

- Via: Nasal Cannula, Maintain O2 sat greater than 94% using appropriate oxygen device

**Precautions**

- Bleeding Precautions, for 24-hours post Post-tPA
  - Comments:
    1. Place Bleeding Precautions sign over head of bed;
    2. Hemoccult/Gastroccult all body fluids;
    3. Monitor puncture sites for bleeding;
    4. No NG Tube placement or IM injections;
    5. No Foley Catheter for 2 hours (preferably for 24-hours);
    6. No anticoagulation or antiplatelets for 24-hours

**Education**

- Stroke Teaching, Provide Stroke Education booklet

**Continuous Solutions (NOTE)***

- Sodium Chloride 0.9% (Bolus Infusion)
  - 1,000 mL, Soln, IVPB, ONCE, Infuse Over: 1 hr

- Sodium Chloride 0.9%
  - Tot Vol: 1,000 mL, Flow Rate: 100 mL/hr, Soln, IV

**Medications Post-tPA: (NOTE)***

- Use meds in this sequence: Labetalol IVP, Labetalol Infusion, Nicardipine (NOTE)**

**Normodyne**

- 10 mg, Soln, IVP, Every 10 Minute Interval, PRN, Hypertension, HOLD for HR less than 60 bpm, 2 Doses/Times

  - Comments:
    1. Keep systolic BP less than 180 mmHg and diastolic BP less than 105 mmHg
    2. May increase dose to 20 mg IVP but do not exceed total max dose of 40 mg
    3. Hold for BP less than 140/90 or otherwise indicated by Neurologist
    4. If BP uncontrolled after 2 doses notify Provider to obtain IV Labetalol Infusion order
    5. Post-tPA BP medication order (6) Administer IVP over 2 minutes

---

*PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS*

December 2017 (Revised 12/17)
Labetalol 500mg/100mL INFUSION (IVS)*
Undiluted Injectable Solution
Tot Vol: 100 mL, Titrate, Soln, IV
Comments:
(1) Start at 2 mg/min and may titrate by 0.5 mg/min every 5 minutes to keep systolic BP less than 180 mmHg and diastolic BP less than 105 mmHg; Max Dose = 8 mg/min
(2) Hold for pulse less than 60 or BP less than 140/90 or otherwise indicated by Neurologist
(3) Total cumulative dose not to exceed 300 mg in 24 hours
(4) Post-tPA BP medication order

labetalol
500 mg = 100 mL

niCARdipine 25mg in 250mL NS (IVS)*
Sodium Chloride 0.9%
Tot Vol: 260 mL, Titrate, Soln, IV
Comments:
(1) Start at 2.5 mg/hr and titrate by 2.5 mg/hr increments every 5 minutes to keep systolic BP less than 180 mmHg and diastolic BP less than 105 mmHg;
(2) Hold for pulse less than 60 bpm or BP less than 140/90 mmHg or otherwise indicated by Neurologist;
(3) Max dose = 15 mg/hr;
(4) Post-tPA BP medication order

niCARdipine
25 mg = 10 mL