

## THROMBOLYSIS ADMISSION ORDERS

### Vitals:

\_\_\_ Vital signs and neurochecks q 15 min x 2 hours then q 30 min x 6 hrs, then q 60 min x 18 hrs

\_\_\_ If BP > 185/110, repeat in 5-10 min, if still elevated call HO

\_\_\_ Arterial line

\_\_\_ If on 2 consecutive readings 5-10 min apart SBP 180-230 or diastolic BP is 105-120:  
consider: Labetalol 10 mg IV over 1-2 minuter.  
dose may be repeated or doubled every 10-15 min up to 150 mg  
monitor BP q 10 min during therapy-observe for hypotension

\_\_\_ If BP on 2 consecutive reading 5-10 min apart systolic BP greater than 2 or diastolic BP 121-140:  
consider: give labetalol 10 mg IV over 1-2 min  
dose may be repeated and/or doubled every 10-15 min up to 150 mg if satisfactory response not obtained,  
use nitroprusside monitor BP q 10 min during therapy- observe for hypotension

### If diastolic BP is greater than 140:

\_\_\_ IV sodium nitroprusside (100mcg/250ml 0.9%NS) (0.5-1.0mcg/kg/min) monitor BP q 10 min observe for hypotension

\_\_\_ No antiplatelet or anticoagulant therapy for 24 hours post thrombolysis

\_\_\_ Avoid blood draws or invasive line/procedures for 24 hours post thrombolysis

\_\_\_ Call house officer if change in neurologic status

### If suspected intracerebral hemorrhage: Stop thrombolytic immediately.

\_\_\_ Stat non contrast heat CT

### For life threatening hemorrhage:

\_\_\_ 6-8 units platelets

\_\_\_ 6-8 units cryoprecipitated fibrinogen and plasma containing factor VIII

\_\_\_ Labs: CBC, PT, PTT, fibrinogen, type and cross