

Emergency Department Orders

Set Two: Thrombolytic Therapy

Physician's orders for treatment of acute ischemic stroke with rt-PA after preliminary evaluation.	
Date	Physician's Order
	1. Second IV Access: Saline Lock with NS flush in opposite arm.
	2. Record results for CT scan, CBC, platelet count, glucose.
	3. If patient has been on warfarin or heparin, record results for PT or PTT.
	4. Give tissue plasminogen activator ____ mg. IV over one minute as a 10% bolus followed immediately by ____ mg IV by continuous infusion over 60 minutes for a total dose of ____ mg. Dose calculation:
	<ul style="list-style-type: none"> ● Choose the smallest of the following two total stroke treatment doses:
	<ul style="list-style-type: none"> ○ a) Maximum total dose 90 milligrams
	<ul style="list-style-type: none"> ○ b) Estimated patient weight in kilograms ____ x 0.9 mg/kg. = ____ mg.
	<ul style="list-style-type: none"> ○ Total stroke dose = ____ mg, prepared as a 1:1 dilution.
	<ul style="list-style-type: none"> ○ 10% of total dose. Total dose ____ x 0.1 = ____ mg.
	<ul style="list-style-type: none"> ○ Total dose ____ mg– bolus ____ mg = ____ mg. continuous infusion.
	5. Vital signs and neuro checks q 15 min. for two hours after start of rt-PA infusion.
	6. No heparin, warfarin, or aspirin for 24 hours from start of rt-PA infusion.
	7. Maintain systolic BP < 185 and diastolic BP < 110 as per protocol.
	8. Transfer to Acute Stroke or Intensive Care Unit for monitoring.
	Physician Signature

These orders represent only one potential approach to the management of patients with ischemic stroke. For each patient, physicians and institutions must determine treatment appropriate for their own situation.