

Date stroke onset: _____ Time stroke onset: _____ Time CT scan: _____
Time tPA administration: _____ Total tPA dose: _____ Allergies: _____

Admit to Critical Care Bed

1. **From start** of tPA infusion, **vital signs with neuro checks** every 15 minutes X 2 hours, then every 30 minutes X 6 hrs, then every 60 minutes X 16 hours
2. **If SBP greater than 185 mm Hg, or DBP greater than 105 mm Hg, repeat in 5-10 minutes and if still elevated notify Physician:**
 - a. Labetolol 10mg IVP over 1-2 minutes. If BP still elevated 10 minutes after dose, give 20mg IVP. If blood pressure still elevated 10 minutes after dose, give 40mg IVPB. If blood pressure still elevated 10 minutes after dose give 80mg IVPB. Pharmacy to prepare, total maximum cumulative dose = 150mg.
 - b. Contraindication to Labetolol (CHF, pulmonary edema, asthma) give Enalapril 1.25 to 2.5 mg IVP every 10 minutes prn
 - c. Monitor BP every 10 minutes during therapy and observe for hypotension
3. **IF SBP greater than 230 mmHg or DBP greater than 120 mm Hg on two readings 5-10 min. apart,:**
 - a. Labetolol 10mg IVP over 1-2 minutes. If BP still elevated 10 minutes after dose, give 20mg IVP. If BP still elevated 10 minutes after dose, give 40mg IVPB. If blood pressure still elevated 10 minutes after dose, give 80mg IVPB. Pharmacy to prepare, total maximum cumulative dose= 150mg
Monitor BP every 10 minutes during therapy and observe for development of hypotension
 - b. **If SBP Remains greater than 230 mm Hg or DBP greater than 120 mm Hg,** Start (Nicardipine) (Cardene) IV infusion (standard drip conc = 0.2 mg/mL). Start at 5 mg/hr (Rate = 25 mL/hr). Titrate by 2.5 mg/hr every 5 minutes to Maximum of 15 mg/hr (Rate = 75 mL/hr).
4. **If Diastolic BP greater than 140 mm Hg on two separate readings 5-10 min. apart:**
 - a. Cardene (Nicardipine) conc = 0.1mg/mL in 20mg/200mL NS
Starting dose: 5mg/hr
Titration: Tirate by 2.5 mg/hr every 15 minutes based on BP goals Max dose: 15mg/hr
5. No antiplatelet or anticoagulant therapy for first 24 hours after thrombolysis
6. No IM injections, arterial/venipunctures, nasogastric tubes or foley catheters for first 24 hours
7. Call stroke team immediately for any change in neurological status
8. For suspected intracranial hemorrhage:
 - a. Stat non-contrast head CT
 - b. Stat CBC, PT, PTT, fibrinogen, type and cross for _____ units PRBCs
9. For life-threatening hemorrhage (large hemorrhage on head CT, severe GI bleed, etc.)
 - a. Administer 4-6 units platelets
 - b. Administer 4-6 units cryoprecipitated fibrinogen and plasma containing factor VIII
10. Swallow Screen on admission.

_____ Date

_____ Time

_____ Physician Signature and Number



WHITE - Chart

**POST
THROMBOLYSIS
ADMISSION
ORDERS**

Form NS147 (Rev. 01/2010)