**Pre Alteplase (tPA) Infusion**

- Inclusion/exclusion criteria completed and signed by physician (see appendix A)
- Document discussion of benefits and risks of treatment with patient/family
- IV lines:
  - #1 alteplase (tPA) administration
  - #2 IV fluid access/drug access – 0.9% NaCl at ________________ mL/h
- Baseline Blood Pressure = ________________ mmHg at presentation

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**Alteplase (tPA) Infusion**

*Goal: Door-to-Needle time less than or equal to 30 minutes*

- Patient weight = ______________________ kg
- Initial IV Bolus alteplase (tPA) (= 10% of total dose):
  - Less than 100 kg (0.09 mg/kg): ___________ mg IV over 1 minute
  - 100 kg and over: 9 mg IV over 1 minute

THEN

- Continuous infusion alteplase (tPA) (= 90% of total dose):
  - Less than 100 kg (0.81 mg/kg): ___________ mg IV over 60 minutes
  - 100 kg and over: 81 mg IV over 60 minutes

- Total Dose ________________ mg (0.9 mg/kg to a maximum of 90 mg)
- Alteplase (tPA) start time ________________ h

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**Vitals/Monitoring**

- Continuous cardiac monitoring for a minimum of 2 hours
- Bed rest for 24 hours post alteplase infusion
- T, HR, BP, neurological, airway and angioedema assessment:
  - Vitals and neurological assessment q15minutes for first 2 hours after drug initiated
  THEN
  - Vitals and neurological assessment q30minutes and PRN for 2 hours
  THEN
  - Vitals and neurological assessment q4h and PRN
- Assess puncture sites for bleeding or hematomas with vital signs
- Notify MRP if any evidence of:
  - Neurological deterioration - Consider stop infusion and STAT CT Head
  - Bleeding
  - Angioedema - monitor tongue and airway at 30, 45, 60, and 75 minutes post infusion
  - Change in T, HR, RR, BP, SpO₂
## Post Alteplase tPA Administration

- If SBP greater than 185 mmHg or DBP greater than 110 mmHg notify MRP
  - Usual first line treatment:
    - [ ] labetalol 5 mg IV  OR  [ ] 10 mg IV over at least 2 minutes q10min PRN
      until BP within parameters (administer a maximum of 3 doses of labetalol)
    - [x] Hold labetalol if heart rate less than 60 bpm
    - [x] Reassess labetalol and BP management after 24 hours
- If BP requires continued IV medication treatment, consider ICU consult for invasive monitoring.

- Repeat CT Head approximately 24 hours (+/- 6 hours) after alteplase (tPA) infusion
- No antiplatelet agents e.g. ASA, clopidogrel, prasugrel, ticagrelor; IV heparin; oral anticoagulants e.g. warfarin, dabigatran, rivaroxaban, apixaban for first 24 hours post infusion and until follow up CT has been reviewed

***Call MRP if antiplatelet or anticoagulant therapy not ordered post 24 hours CT***

- Avoid intramuscular injections, central venous access, and arterial puncture for 24 hours,
- Avoid NG tube insertion for 24 hours post infusion.
- Avoid bladder catheterization for 24 hours post infusion
- Implement Acute Stroke Admission Order Set when infusion completed – MRP to complete

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## Other Orders

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Acute Stroke Pathway Hospital Forms  4-ALTEPLASE (tPA) THROMBOLYSIS  REVISED 04/25/2019