



SISTERS OF CHARITY HOSPITAL • Buffalo, NY SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
 KENMORE MERCY HOSPITAL • Kenmore, NY MERCY HOSPITAL • Buffalo, NY MERCY HOSPITAL Orchard Park division • Orchard Park, NY

Allergies & Sensitivities:

No Known Allergies (Indicates automatic order. MD to draw line through orders to discontinue)

EMERGENCY STROKE THROMBOLYSIS ORDERS

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

Date:

Time:

Prescriber Orders

Systolic BP MUST remain below 180 mm Hg and diastolic BP remain below 100 mm Hg prior to, during and following thrombolytics

If BP remains greater than above limits: NOTIFY PHYSICIAN IMMEDIATELY

BP, HR, RR, pulse oximetry and neuro checks every 15 minutes for two hours from the start of Alteplase (Activase) infusion. Then every 30 minutes x 6 hours, every hour x 16 hours, then every shift

Alteplase (Activase) administered per acute stroke dosing if blood pressure acceptable:

- a. Patient's total dose 0. 9 mg/kg = _____mg. Maximum dose is 90 mg
- b. Reconstitute alteplase 100 mg vial with provided diluent in kit. Final concentration will be 100 mg/100 mL
- c. Withdraw and discard unneeded alteplase from vial = (100 mg – patient's total dose = dose to discard)
- d. Withdraw and administer IV bolus dose of alteplase dose (10% of patient's total dose) = _____ mg
- e. Spike alteplase bottle and administer remaining alteplase dose (0.81 mg/kg) _____mg IV over 1 hour
- f. When alteplase bottle empty, follow with one 50 mL bag of normal saline to clear the tubing of alteplase and ensure patient receives required total dose. Normal saline bag is to be infused IV over 10 minutes
- g. If alteplase is stopped prior to completion of infusion or if the infusion is not used after reconstitution, return unused portion to the pharmacy immediately

No anticoagulants/antiplatelets - --- heparin, enoxaparin (Lovenox) , fondaparinux (Arixtra), or antiplatelets (aspirin, clopidogrel (Plavix), aspirin + dipyridamole (Aggrenox), dipyridamole (Persantine), cilostazol (Pletal) - until further orders

Prescriber Signature: _____