|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **KISS** **ACUTE ISCHEMIC STROKE ORDERS & TRANSPORT PROTOCOL**   |  | | --- | | **Stroke Workup**  Date / Time patient last known well: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vital Signs: Minimum of every 15 minutes (with continuous O2 and cardiac monitoring)  O2 at 2 liters per nasal cannula: titrate for SpO2 of 94% or greater  **Two peripheral IV’s** (18 gauge preferable, one in AC)  Labs: CBC, BMP, PT/INR, PTT, Blood Glucose, Troponin, and pregnancy test if applicable (\*to save door to needle time, you may  give tPA prior to the lab results back if patient has no HX of major liver, renal or bleeding issues and is not on Warfarin or NOAC) **POC labs acceptable**    Diagnostic: CT Head Without Contrast (notify radiologist for STAT read); EKG  Strict NPO  NIH Stroke Scale Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Complete tPA Checklist :   * Patient meets tPA criteria, proceed with tPA orders below. \_\_Consult with Stroke Specialist obtained   🞏 TPA contraindicated due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cross through tPA orders)  Notify Dispatch / Transport Team  **Best Family Member Phone Number** – cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Pre tpA**  Monitor BP every 15 minutes. **Keep** **BP < 185/110mmHg**   * Labetalol 10 mg IVP (may repeat x 1). (Hold for HR < 60) * Nicardipine gtt. 5 mg/hr to max of 15 mg/hr * Or Antihypertensive agent of your choice   Start Normal Saline IVF drip at 75 mL per hour  Obtain signed informed consent.  Weight in kilograms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if unable to weigh, obtain from patient/family or average 2 estimated weights) |  |  | | --- | | **TPA** (Activase/Alteplase) **PREP / ADMINISTRATION Calculations Checked by**: (2 initials)\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_  Mix tPA with sterile water as provided by manufacturer to a concentration of 1 mg/mL  Calculate Total Dose (will be the bolus + infusion):   * **Total Dose**: (0.9mg/kg) =\_\_\_\_\_\_\_\_\_\_\_\_\_ (**max of 90 mg**)     Waste unneeded tPA portion.   * **Waste**: (100mg – total dose) = \_\_\_\_\_\_\_\_\_\_\_\_ mg.   Administer Bolus over 1 minute IV push   * **Bolus Dose:** 10% of total dose (total dose x 0.1) = \_\_\_\_\_\_\_\_\_\_\_\_\_mg. / **Time Given**: \_\_\_\_\_\_\_\_\_\_\_\_\_   Administer Infusion Dose as a secondary infusion over 1 hour.   * **Infusion Dose**: 90% of total dose (total dose x 0.9) = \_\_\_\_\_\_\_\_\_\_\_\_mg. / **Time Started:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_   Flush tPA remaining in IV tubing with NS – use same rate as tPA infusion. |  |  | | --- | | **DURING INFUSION / POST INFUSION / TRANSPORT PREPARATION:**  Monitor Vital Signs every 15 minutes.   * Keep **SBP <180mmHg**, **DBP <105 mmHg**, (stop tPA if unable to maintain SBP <180 or DBP <105 constantly with   Antihypertensive agents)   * Labetalol 10 mg IVP (may repeat x 1). (Hold for HR < 60) * Nicardipine gtt. 5 mg/hr to max of 15 mg/hr * Keep SBP > 100: May try NS 500ml IVF bolus as an initial option * Monitor Neuro Checks every 15 minutes. * If sudden change in baseline mental status, acute headache, or vomiting, STOP t-PA infusion. Call Med Control   Monitor for Adverse Reactions e.g. Angioedema (may follow anaphylactic management or protocol) or Hemorrhagic  Complications (Abdominal and/or flank pain, hemoptysis, hematemesis, shortness of breath/rales/rhonchi)  STOP tPA infusion; Call Medical Control  CAUTIONS   * NO Anticoagulation or Antiplatelet Therapy for 24 hours * No Foley insertion/re-insertion, central venous line placement or arterial puncture at a non-compressible site for at least 24 hours after tPA * Avoid insertion of nasogastric tube for 6-8 hours after tPA administration   Send copy of CT Head Scan (do not delay transport-report can be faxed)  Send patient records with documentation of allergies, current medications, past medical history (can be faxed)  \*\*all that is needed is the EMTALA paperwork with patient—DO NOT DELAY TRANSFER FOR COPY OF RECORDS | | |
| Telephone order from Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **PATIENT IDENTIFICATION** |
| Nursing signature/RAV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_ | TEMPLATE |