

SEND TO PHARMACY
IMMEDIATELY

Please check the box to the left of the appropriate facility:

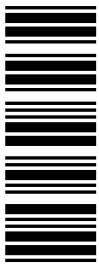
- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Pitt County Memorial Hospital | <input type="checkbox"/> Roanoke-Chowan Hospital | <input type="checkbox"/> Brody School of Medicine at East Carolina University |
| <input type="checkbox"/> Bertie Memorial Hospital | <input type="checkbox"/> SurgiCenter Services of Pitt | <input type="checkbox"/> The Outer Banks Hospital |
| <input type="checkbox"/> Chowan Hospital | <input type="checkbox"/> Heritage Hospital | |

DATE	HOUR	<small>NURSES NOTATIONS</small>	ORDERS:	HealthSpan # 100013
			NUR: ALTEPLASE ADMINISTRATION (Intravenous)	
			ADMISSION / TRANSFER / INFORMATION:	
			Admit to: ICU / Dr. _____	
			Diagnosis: Alteplase Administration NIHSS Scale: _____	Do NOT substitute other tPA drugs
			Alteplase may ONLY be given within 3 HOURS time from the ONSET of symptoms	
Please Document			START Time: _____	COMPLETION Time: _____
			VITAL SIGNS:	
			<input checked="" type="checkbox"/> Monitor BP, Heart Rate, Respirations and NIHSS every 15 minutes for 2 hours <input checked="" type="checkbox"/> Monitor BP, Heart Rate, Respirations and NIHSS every 30 minutes for 6 hours <input checked="" type="checkbox"/> Monitor BP, Heart Rate, Respirations and NIHSS every hour for 18 hours	
			ALLERGIES (List Reaction) or	<input type="checkbox"/> No Known Drug Allergies (NKDA)
			NURSING:	
			<input checked="" type="checkbox"/> Continuous Pulse Oximetry <input checked="" type="checkbox"/> Continuous Cardiac Monitoring <input type="checkbox"/> Consent form signature for Alteplase Administration (if necessary) <input checked="" type="checkbox"/> Start peripheral intravenous access X 2 sites prior to Alteplase administration <input checked="" type="checkbox"/> Perform Time Out Immediately Prior to Administration of Alteplase	
			IV FLUIDS: (Establish 2 IV sites prior to administration of Alteplase)	
			<input checked="" type="checkbox"/> Line 1: Normal Saline at 50 mL / hour to be used for Alteplase administration <input checked="" type="checkbox"/> Line 2: Normal Saline at 50 mL / hour for all other IV medications	
			MEDICATIONS:	Weight for Medication Dosing = _____ kg
			<input checked="" type="checkbox"/> Alteplase 0.9 mg / kg, up to a maximum of 90 mg <ul style="list-style-type: none"> • Bolus: _____ mg IV push over 1 – 2 minutes (10% of total dose) • Infusion: _____ mg IV over 60 minutes via micropump (90% of total dose) • Flush line with 10 mL of Normal Saline after infusion complete 	

M.D. / _____

Physician # / _____

Pager # _____



207/3389

PHYSICIAN ORDERS

Patient ID

Indications and Contraindications for Alteplase Administration

Alteplase is indicated for the management of acute ischemic stroke in adults for improving neurological recovery and reducing the incidence of disability.

Treatment should only be initiated within 3 hours after the onset of stroke symptoms, and after exclusion of intracranial hemorrhage by a cranial computed tomography (CT) scan or other diagnostic imaging method sensitive for the presence of hemorrhage (see CONTRAINDICATIONS).

PATIENT SELECTION:

- Patients must present within 3 hours of acute ischemic stroke symptom onset
- Obtain baseline CT to exclude intracranial hemorrhage and other risk factors
- Review patient history for potential contraindications
- 18 years of age or older

CONTRAINDICATIONS:

- Evidence of intracranial hemorrhage on pretreatment evaluation
- Suspicion of subarachnoid hemorrhage
- Serious head trauma, recent previous stroke, or heart attack within 3 months
- History of intracranial hemorrhage
- Uncontrolled hypertension at time of treatment
(eg > 185mm Hg systolic or > 110 mm Hg diastolic)
- Seizure at onset of stroke
- Active bleeding or acute trauma
- Intracranial neoplasm, arteriovenous malformation or aneurysm
- Known bleeding diathesis, including but not limited to:
 - Current use of oral anticoagulants (eg Coumadin) with a prothrombin time (PT) > 15 seconds or INR > 1.7
 - Administration of heparin within 48 hours preceding the onset of stroke and elevated activated partial thromboplastin time (PTT) at presentation
 - Platelet count < 100,000 / mm
 - Major surgery within 14 days
 - Gastro-Intestinal or Gynecological Urinary bleeding within 14 days
 - Myocardial Infarction (MI) within 3 months

WARNINGS:

- Patients with severe neurological deficit (eg NIH Stroke Scale > 22) at presentation. There is an increased risk of intracranial hemorrhage in these patients.
- Patients with major early infarct signs on a computed tomography (CT) scan (eg. 1/3 of middle cerebral artery territory affected, substantial edema, mass effect or midline shift).

NATIONAL INSTITUTES OF HEALTH STROKE SCALE

Tested Item	Title	Responses	SCORES
1A	Level of Consciousness	0 – alert 1 – drowsy 2 – obtunded 3 – coma/unresponsive	_____
1B	Orientation questions (two)	0 -- answers both correctly 1 – answers one correctly 2 – answers neither correctly	_____
1C	Response to commands (two)	0 – performs both tasks correctly 1 – performs one task correctly 2 – performs neither	_____
2	Gaze	0 – normal horizontal movements 1 – partial gaze palsy 2 – complete gaze palsy	_____
3	Visual Fields	0 – no visual field defect 1 – partial hemianopia 2 – complete hemianopia 3 – bilateral hemianopia	_____
4	Facial movement	0 – normal 1 – minor facial weakness 2 – partial facial weakness 3 – complete unilateral palsy	_____
5	Motor functions (arm) a. Left b. Right	0 – no drift 1 – drift before 5 seconds 2 – falls before 10 seconds 3 – no effort against gravity 4 – no movement	L _____ R _____
6	Motor function (leg) a. Left b. Right	0 – no drift 1 – drift before 5 seconds 2 – falls before 5 seconds 3 – no effort against gravity 4 – no movement	L _____ R _____
7	Limb ataxia	0 – no ataxia 1 – ataxia in one limb 2 – ataxia in two limbs	_____
8	Sensory	0 – no sensory loss 1 – mild sensory loss 2 – severe sensory loss	_____
9	Language	0 – normal 1 – mild aphasia 2 – severe aphasia 3 – mute or global aphasia	_____
10	Articulation	0 – normal 1 – mild dysarthria 2 – severe dysarthria	_____
11	Extinction or inattention	0 – absent 1 – mild (loss 1 sensory modality) 2 – severe (loss 2 modalities)	_____
TOTAL SCORE:			_____

Completed by:

Date: _____ **Time:** _____

Signature: _____



395 / 7047