

PHYSICIAN'S ORDERS
ACUTE ISCHEMIC STROKE - TISSUE PLASMINOGEN
ACTIVATOR (TPA, ACTIVASE) (Adult)

Weight _____(kg)

REFER TO THE ALLERGY SCREEN IN MEDITECH FOR ALLERGY INFORMATION

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

PART A - ORDERS TO BE INITIATED BY THE ER PHYSICIAN / MRP

Diagnostic Testing:

STAT CBC, lytes, urea, creatinine, PT, PTT, INR, blood glucose

Draw blood for group and reserve

Others if applicable: _____

STAT CT head (please call or page Imaging to alert them), read by Radiologist/Neurologist/Internist

Notify Neurologist/Internist on call AFTER CT head completed

ECG

Other:

IV normal saline - rate: _____ mL/h

Saline Lock (in opposite arm)

Neuro vitals and BP q15min

Document time of onset of stroke symptoms on Triage Record/Progress Notes

NPO

Bed rest

O2 sat, O2 assessment protocol if O2 sat less than 93%

Date: _____ Time: _____

MD SIGNATURE

PART B - ORDERS TO BE INITIATED BY NEUROLOGIST/INTERNIST

Medications:

TOTAL DOSE of TPA _____ mg (see dosing chart on reverse of orders) *Maximum dose 90 mg*

LOADING DOSE of TPA: 10% of Total Dose infused over 1 min via infusion pump (Total dose x 0.1)

_____ mL/h, _____ volume to be infused, _____ mg

INFUSION DOSE of TPA: 90% of Total Dose infused over 60 min via infusion pump (Total dose x 0.9)

_____ mL/h, _____ volume to be infused, _____ mg

Discontinue TPA and notify Physician immediately if significant bleeding, significant change in neurological status, or new onset/worsening of headache occurs.

WARNING:

- No ASA, heparin, Low Molecular Weight Heparin, warfarin, ticlopidine, Aggrenox , clopidogrel, fondaparinux, rivaroxaban x 24 h
- NO IM injections

If BP greater than 180 systolic or greater than 110 diastolic give: _____

Repeat head CT scan after 24 h

Admit to Critical Care, MRP: Intensivist, complete Acute Stroke Admission orders

Bed rest x 24 h then follow Acute Stroke Admission orders

Vital signs including neuro vitals q15min x 2 h then q30min x 6 h then q1h x 16 h, then follow Acute Stroke Admission orders

Change IV normal saline rate to _____ mL/h

Date: _____ Time: _____

MD SIGNATURE



Inclusion

Clinical diagnosis of stroke in a patient 18 years or older causing measurable neurologic deficit with the onset of symptoms less than 3.5 hours (4.5 hours with 1 hour allowed for CT scan) before beginning treatment; if the exact time of stroke onset is not known, it is defined as the last time the patient was known to be normal

Exclusion

Historical

- Stroke or head trauma in the previous 3 months
- Any history of intracranial hemorrhage
- Major surgery in the previous 14 days
- Gastrointestinal or urinary tract bleeding in the previous 21 days
- Myocardial infarction in the previous 3 months
- Arterial puncture at a noncompressible site in the previous 7 days
- For treatment from 3 to 4.5 hours, additional relative exclusions (where the risk/benefit ratio is less clear) are age greater than 80 years and/or a combination of both previous stroke and diabetes mellitus

Clinical

- Spontaneously clearing stroke symptoms
- Only minor and isolated neurologic signs
- Seizure at the onset of stroke is an exclusion if the residual impairments are due to postictal phenomenon; seizure is not an exclusion if the clinician is convinced that residual impairments are due to stroke and not to postictal phenomenon
- Symptoms of stroke suggestive of subarachnoid hemorrhage
- Persistent blood pressure elevation (systolic greater than or equal to 185 mmHg, diastolic greater than or equal to 110 mmHg)
- Active bleeding or acute trauma (fracture) on admission
- For treatment for 3 to 4.5 hours, an additional relative exclusion (where the risk/benefit ratio is less clear) is an NIH Stroke Scale score of greater than 25

Laboratory

- Platelets less than 100,000/mm³
- Serum glucose less than 2.8 mmol/L
- INR greater than 1.7 if on oral anticoagulant
- For treatment for 3 to 4.5 hours, an additional relative exclusion (where the risk/benefit ratio is less clear) is oral anticoagulant use regardless of INR

Head CT Scan

- Evidence of hemorrhage
- Evidence of a multilobar infarction with hypodensity involving greater than 33% of the cerebral hemisphere

Tissue Plasminogen Activator (TPA, Activase) Weight Dose Chart for Stroke Indication Using 100 mg vial (1 mg/mL concentration) *								
Patient Weight		Total Dose	Loading			Infusion		
		0.9 mg/kg	10% of total dose over 1 min			90% of total dose over 60 min		
lb	kg	Dose mg	Rate mL/h	VTBI mL	Dose mg	Rate mL/h	VTBI mL	Dose (mg) over 60 min
90-94	41-42	37.5	228	3.8	3.8	33.7	33.7	33.7
95-98	43-44	39.5	240	4	4	35.5	35.5	35.5
99-104	45-47	41.5	252	4.2	4.2	37.3	37.3	37.3
105-109	48-49	43.5	264	4.4	4.4	39.1	39.1	39.1
110-113	50-51	45.5	276	4.6	4.6	40.9	40.9	40.9
114-120	52-54	48	288	4.8	4.8	43.2	43.2	43.2
121-124	55-56	50	300	5	5	45	45	45
125-129	57-58	51.5	312	5.2	5.2	46.3	46.3	46.3
130-133	59-60	53.5	324	5.4	5.4	48.1	48.1	48.1
134-137	61-62	55.5	336	5.6	5.6	49.9	49.9	49.9
138-142	63-64	57.5	348	5.8	5.8	51.7	51.7	51.7
143-146	65-66	59	354	5.9	5.9	53.1	53.1	53.1
147-151	67-68	60.5	366	6.1	6.1	54.4	54.4	54.4
152-155	69-70	62.5	378	6.3	6.3	56.2	56.2	56.2
156-159	71-72	64.5	390	6.5	6.5	58	58	58
160-164	73-74	66.5	402	6.7	6.7	59.8	59.8	59.8
165-168	75-76	68	408	6.8	6.8	61.2	61.2	61.2
169-173	77-78	69.5	420	7	7	62.5	62.5	62.5
174-177	79-80	71.5	432	7.2	7.2	64.3	64.3	64.3
178-181	81-82	73.5	444	7.4	7.4	66.1	66.1	66.1
182-186	83-84	75.5	456	7.6	7.6	67.9	67.9	67.9
187-190	85-86	77	462	7.7	7.7	69.3	69.3	69.3
191-195	87-88	78.5	474	7.9	7.9	70.6	70.6	70.6
196-199	89-90	80.5	486	8.1	8.1	72.4	72.4	72.4
200-203	91-92	82.5	498	8.3	8.3	74.2	74.2	74.2
204-208	93-94	84.5	510	8.5	8.5	76	76	76
209-212	95-96	86	516	8.6	8.6	77.4	77.4	77.4
213-217	97-98	87.5	528	8.8	8.8	78.7	78.7	78.7
218-219	99	89.5	540	9	9	80.5	80.5	80.5
220 & up	100 & up	90	540	9	9	81	81	81

* refer to Parenteral Therapy Monograph - Tissue Plasminogen Activator (TPA, Activase) for reconstitution information
DO NOT EXCEED MAXIMUM DOSE = 90 mg

