



1003

t-PA for Acute Ischemic Stroke
(Page 3 of 3)

Label

NAME _____ MED REC #: _____ PHYSICIAN _____ RM #: _____

DATE	PHYSICIAN'S ORDERS	DATE	PROGRESS NOTES
	19. If CT of head positive for hemorrhage:		
	• STAT PT, PTT, CBC, TYPE AND SCREEN (if T&S not done or not current)		
	• Query MD regarding: neurosurgical consult; serial CBC, PT, PTT, Cryoprecipitate, FFP Transfusion, and/or platelets as necessary		
	20. For suspected systemic hemorrhage:		
	• Discontinue t-PA infusion if not yet complete		
	• Notify physician STAT (Neurology and CCM)		
	• STAT PT, PTT, CBC, Type and screen (T&S if not already done and if not current)		
	21. Post t-PA infusion labs:		
	• CBC every 6 hours x 24 hours post infusion and then _____		
	• PT, PTT _____		
	22. NPO x 12 hours post t-PA initiation, then if Swallowing Screen passed start: _____		
	If swallowing screen NOT passed, contact MD for nutrition orders.		
	23. Bedrest x 24 hours, then _____		
	24. Patient to remain in critical care unit for minimum of 24 hours post t-PA infusion		
	25. Anticoagulant/antiplatelet meds NOT TO BE started until 24 hours post t-PA infusion		
	26. 24 hours post t-PA infusion, consider:		
	<input type="checkbox"/> Aspirin _____		
	<input type="checkbox"/> Clopidogrel (Plavix®) _____		
	<input type="checkbox"/> Heparin per nomogram (DO NOT BOLUS)		
	<input type="checkbox"/> Warfarin _____		
	IF Warfarin is ordered, consult pharmacy for Education.		
	<input type="checkbox"/> Dipyridamole/Aspirin (Aggrenox®) _____		
	27. Acute Ischemic Stroke-Post t-PA Orders to chart.		
	Date and time to start anticoagulant/antiplatelet meds		
	Date _____ Time _____ AM/PM		
	POS1005-609c _____ MD/DO		