

During tPA Infusion



HOLD Antiplatelet Therapy & VTE Prophylaxis
until 24 hour follow-up CT head confirms absence of hemorrhage
NO arterial puncture, intramuscular injection or invasive procedure x 24 hours post tPA
DO NOT administer any other medication in the dedicated tPA line

Assessments

Cardiac Monitoring

- x24 hours; high incidence of acute coronary syndrome and arrhythmia

Canadian Neurological Scale (CNS)

- q15 minutes x1 hour
- Notify physician if CNS decreases by 1 point from previous score

Vital Signs (Temperature, Pulse Rate, Respiratory Rate, Blood Pressure & Oxygen Saturation)

- q15 minutes x1 hour
- Notify physician if temperature greater than 37.5

Monitor face, tongue and oropharynx for angioedema

- q15 minutes x1hour

If patient condition is unstable, notify physician

Monitor for Complications

Evidence of active bleeding: systemic or intracranial; Bruising: minor/major; Angioedema; New Hypertension; New acute or worsening headache; Hypersensitivity; Nausea/Vomiting; Seizures



STOP tPA and notify the physician
STAT if any of these occur

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| <ul style="list-style-type: none">· SBP >185mmHg or <105mmHg· DBP >110 mmhg or <60mmHg· HR <50 beats/min· RR >24 breaths/min | <ul style="list-style-type: none">· Deterioration in neurological status· decreased level of consciousness· worsening of stroke deficits· sudden severe headache |
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Source: strokebestpractices.ca v0.1 Sept 2022