

REGISTERED NURSE

rtPA TREATMENT PACK



rtPA (ALTEPLASE) DOSING CHART

DURING rt-PA (ALTEPLASE) STANDING ORDER

SNOBS

rt-PA (alteplase)

DOSING CHART

PATIENT NAME:

Patient's weight

kg

Dose must be calculated for the patient's weight. 10% given as a bolus, followed by 90% of the total dose over an hour.

Body weight (kg)	Total rt-PA dose (mg)	IV bolus dose (10% of total) ml	IV infusion 90% of total dose (ml/hr)
40	36	4	32
42	38	4	34
44	40	4	36
46	41	4	37
48	43	4	39
50	45	5	41
52	47	5	42
54	49	5	44
56	50	5	45
58	52	5	47
60	54	5	49
62	56	6	50
64	58	6	52
66	59	6	53
68	61	6	55
70	63	6	57
72	65	6	58
74	67	7	60
76	68	7	62
78	70	7	63
80	72	7	65
82	74	7	66
84	76	8	68
86	77	8	70
88	79	8	71
90	81	8	73
92	83	8	75
94	85	8	76
96	86	9	78
98	88	9	79
>100	90	9	81

>100 kg, use 90 mg maximum

Total dose: Patient's weight (kg)	x 0.9 =	mg IV
Bolus dose = 10% of the total dose =		mg IV over 1 minute
Continuous infusion dose = 90% of the total dose =		mg over 1 hour

Prepare the solution for infusion with the total rt-PA dose (please avoid shaking the solution!). The total dose is 0.9 mg/kg b.w. (maximum dose 90 mg). The doctor gives 10% of the total dose as an i.v. injection over 1 minute. The rest of the dose is administered immediately thereafter over one hour via an infusion syringe. Note: the concentration of rt-PA is 1 mg/ml. Discontinue rt-PA immediately and notify stroke specialist on call if severe headache, decreased level of consciousness, severe bleeding or breathing difficulty occurs.

Reference: 1. Summary of Product Characteristics. 21/11/2002. Accessed 25/02/2015 from http://www.ema.europa.eu/docs/en_GB/document_library/Referrals_document/Actilyse_29/WC500010327.pdf

These checklists are provided as an example. Please adapt to your local regulations and prescribing information before use.

During rt-PA (alteplase)

STANDING ORDER

During and after rt-PA TREATMENT please carry out the following orders as appropriate

Completed	Comments	Completed	Comments
Discontinue rt-PA immediately and notify stroke specialist on call if severe headache, decreased level of consciousness, severe bleeding or breathing difficulty occurs ☐		Cardiac monitoring and vitals signs (BP, HR, cardiac rhythm, sat pO ₂ , Temp, RR) Q30min x 3, Q1h x 6 then Q3h x 10 ☐	
Perform SNOBS neurological examination of the patient every 15 minutes during rt-PA infusion, every 30 minutes over the next 6 hours and then hourly up to 24 hours after rt-PA administration. If bleeding occurs or the neurological status deteriorates, the doctor should be informed immediately ☐		O ₂ 2-4L/min nasal cannula to keep O ₂ saturation > 94% ☐	
The blood pressure should be measured every 15 minutes in the first 2 hours after the start of treatment, every 30 minutes for the next 6 hours, and then hourly up to 24 hours after the rt-PA treatment ☐		Bed rest for 24 hours ☐	
NO platelet aggregation inhibitors (e.g. ASA, ticlopidine, clopidogrel, dipyridamole, or non-steroidal anti-inflammatories) or intravenous heparin for 24 hours after the infusion. Thereafter, in the presence of an indication for heparin for other reasons (e.g. for the prevention of deep vein thrombosis), the daily dose must not exceed 10,000 IU subcutaneously ☐		Keep NPO till swallowing screen has been done. If dysphagia present keep NPO & repeat screen in 24h ☐	
Admit to Stroke Unit or ICU for 48-72 h, then shift to general ward if stable ☐		Repeat CBC and platelet count, PTT, INR 24 hours post rt-PA ☐	
CT scan of head repeated STAT if decreased level of consciousness or new deficit (notify treating team) ☐		Avoid venipuncture for the first 24 hours unless absolutely necessary ☐	
		Avoid skin punctures if possible for 24 hours ☐	
		Do not use non-compressible sites such as subclavian and internal jugular veins. The femoral and brachial sites are acceptable for central line placement if needed ☐	
		Observe for facial, tongue, and/or pharyngeal angioedema 30 minutes, 45 minutes, 60 minutes and 75 minutes after initiation of IV rt-PA infusion and for 24 hours afterwards ☐	
		NIHSS score 24 hours post rt-PA ☐	
		Modified Rankin Score 24 h post rt-PA ☐	

SNOBS

Standardised Nursing Observations for Stroke

Deterioration is defined as a ≥ 2 point worsening in either conscious level, arm, leg or eye movement scores, and/or a ≥ 3 point worsening in speech score, between consecutive neurological assessments.

- Scores should represent what is seen at each time point, not what the assessor thinks they can see.
- First impressions should be recorded by ticking one box in each category.
- Any reduction in score, in any category, should be confirmed by repeat observation by another nurse.

			MINUTES				HOURS											
			Base-line	15	30	45	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	
Conscious level	Fully conscious, alert	6																
	Sleepy, can be awakened to full consciousness	4																
	Reacts to voice/stimulus, cannot be fully awakened	2																
	Coma: no response to stimulus	0																
Speech & communication	Normal, no communication difficulty	10																
	Mild communication difficulty	6																
	Moderate difficulty, no proper sentences	3																
	Severe difficulty, 1 or 2 words or fewer	0																
Eye movements	Normal conjugate movement, eyes move left and right equally	4																
	Difficulty looking to affected side (lateral paresis)	2																
	Eyes deviated at rest (away from affected side)	0																
Arm	Raises arm, normal strength	6																
	Raises arm with reduced strength, elbow straight	5																
	Raises arm against gravity with bent elbow	4																
	Can move arm but not against gravity	2																
	Paralysed, no movement	0																
Leg	Raises leg, normal strength	6																
	Raises straight leg with reduced strength	5																
	Raises leg against gravity but with bent knee	4																
	Can move leg but not against gravity	2																
	Paralysed, no movement	0																