## **Stroke Initiative: objectives and content:**

- Joint Commission re-certification of the Comprehensive Stroke Center: April 2011
- Current guidelines: **Intravenous** tPA within **4.5** hours onset of symptoms **Intra-arterial** tPA within **6** hours onset of symptoms

Door to monitor	immediate	Cardiac monitor, pulse ox, IV
		access, Full set VS
Door to lab draw	15 minutes	CBC, PT/PTT, INR, Creat
		CMP, Cardiac Enzymes
Door to Stroke Team Assessment	15 minutes	
Door to <b>CT scan</b>	25 minutes	
Door to <b>CT completion / Results</b>	45 minutes	
Door to Lab Results	45 minutes	
Door to tPA treatment	60 minutes	

GWUH protocols & Order Sets are on the Intranet gwstaff.com

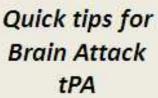
Stroke Awareness

Door to <b>tPA</b> t	treatment	60 minute	es			
Physician Stroke Order Set	Intranet: Physician Order Set	Stroke boarder patients: Labetolol 10 or 20mg IVP repeat x1 for BP > 180/110 or Nitropaste 1 -2 inches		ICU will continue using the ICU admission order set. Neurology will consult to add additional orders Add cholesterol level		
NIH Stroke Scale	Forms on Demand Search:stroke	Neurology will perform the NIH Stroke Scale prior to, after, and 24 hr after administration of tPA				
<b>tPA</b> order set	Intranet: Physician Stroke Order Set	Must document not receive tPA	nt WHY patient did N	Reminder: No Antiplatelet or Anticoagulant therapy for <u>24hours</u> including aspirin tPA MUST BE CHECKED BY 2 RN'S		
<ul> <li>Evidence or Hx of intracranial hemorrhage (CT)</li> <li>Suspicion of subarachnoid hemorrhage (CT)</li> <li>Active internal bleeding</li> <li>Seizure at the onset of stroke</li> <li>Uncontrolled Hypertension (despite treatment)</li> <li>(Systolic &gt; 185 mmHg or diastolic &gt; 110mmHg</li></ul>			Current use of oral anticoagulants  Coumadin  INR >1.7  PT > 15 seconds  Platelet count < 100,000/mm³  Heparin within 48 hours before the onset of			
tPA administration		tPA: 0.9 mg / kg (max 90 mg) 10% IV bolus over 1 minute Reconstitution & Dosing Aseptic Technique: See attachment for mixing		VS & Neuro checks Q 15 min during tPA Q 15 min x 8 after tPA (for 2 hours) Q 30 min x 12 ( for 6hr) then q1hr. If patient is transferred, confirm the frequency of VS Any Change/ deterioration of LOC. STOP drip immediately, call MD, pack up for CT		
Bed Side Swallow Study	Demand	Must be complete intake including p HOB 90® Perform Must be on chart e	Tasks in Order	Every stroke patient should have a swallow eval.  RN performs bedside swallow study:  Successful completion of the BSS still require MD order for diet		
Education Packet: Ischemic Stroke	Packets at ICU Sec. Desk. File cabinet under pharmacy fax	<ul><li>Education mus ongoing.</li><li>Assessment of</li></ul>	t be everyday /  their n must be ongoing he patient is e plan of care education the GREEN	Give color packet to family or patient  Title page lists the contents: sign & place in education section of patient chart  Nurse & patient or family to sign they have received and reviewed the stroke education packets		

Education Documentation Form



Spike sterile water bottle
 with transfer devise





2) Invert powder tPA bottle to insert spike





Invert fluid bottle to pour gently into powder tPA bottle



4) Gently swirl bottle to reconstitute Slight foaming is normal Inspect for particles & discoloration prior to admin

Reconstituted tPA 100mg / 100mL 1 mg / 1 mL

This must be a documented weight, **No guessing.** 

Dose 0.9 mg/	kg	(max	90mg)	
Calcula	£	enimbe.	basad	

Calculate weight based dose

100mg reconstituted bottle Remove & discard excess tPA

Discard tPA in BLUE bin

Remove & discard 28 mL Leaving 72 cc in bottle

Example 80kg patient

 $80 \times 0.9 = 72 \text{ mg dose}$ 

1st 10% is IVP bolus over 1 minute

7.2 cc IVP bolus

Infuse remainder of tPA over 60 minutes

64.8cc remaining to infuse on pump over 1hr