Post-procedure Orders- ICU
Thrombolytic Infusion for Peripheral Arterial or Venous Occlusion

Page 1 of 3

Status Inpatient: See Initial Order Set – Patient Status already completed by MD

- Transfer to CVICU
- Transfer to CICU

Diagnosis:

Allergies:

Check one: Arterial □ Venous

Nursing Instructions

☑ Vital Signs with continuous pulse oximetry Q 15 min X 4, Q 30 min X 2, then Q 1 hour

☐ Call MD for:

- SBP < (90) _____ or > (180) ______; DBP < (40) _____ or > (100) ______;
- HR < (50) _____ or > (120) ______; RR > (30) _____; Temp > (101) ________;
- O2 sats < (90%) _________; Urine Output < (30cc/hr x 2) ________;
- Hgb < (10) _______ g/dL; Platelets < (150,000) _________ mm3 OR if drops > 50% from baseline
- Fibrinogen < (150) _______ mg/dL

☑ Bedrest with HOB elevated (max 30°) with □ Rt leg □ Lt leg □ both legs extended, no groin flexion

☐ Strict I & O: 

- Foley Catheter drainage to gravity
  - Indication: accurate urine output measurement in critically ill patient

☐ Neuro Checks Q (4) ______ hr ; notify MD for all changes in neuro exam

☐ Delirium Assessment Q shift

☐ Vascular Checks of LE w/sheath Q 15 min X 4, Q 30 min X 2, Q 1 hr X 4 , then Q (4) ______ hr;

☐ Do not remove dressing from insertion site; if bleeding/oozing occurs, reinforce dressing

☐ Notify MD for bleeding (blood in urine, stool or emesis) and/or swelling or hematoma at insertion site

☐ Place sign over the HOB and on door to alert that the patient is receiving or has received (within the past 8 hrs) thrombolytic therapy.

☐ No IM injections

Nutrition / Diet:

☐ Regular
☐ Clear liquids
☐ Full liquid
☐ NPO
☐ NPO except medications

☐ 2gm Na
☐ 60 g Consistent Carb

☐ Ice chips only
☐ NPO after midnight or at _________ for recheck

Glucose Management:

☐ Initiate “ICU Blood Glucose Treatment Protocol”

☐ Initiate Hypoglycemia protocol if BG < 70 and notify MD

IV Fluids:

☐ 0.9% sodium chloride at _________mL/hr

☐ 5% dextrose/0.45% sodium chloride at _________mL/hr

Labs:

May draw labs from sheath ☐ Yes ☐ No

☑ CBC now and q6h

☑ BMP Q 12h x 24 hrs

☑ Fibrinogen Q 6h, DC when tPA DC’d

☑ Type and crossmatch 3 units PRBC and HOLD

☑ If heparin infusion ordered, PTT-heparin 6 hrs after heparin started, then per protocol

MD Signature: Date: Time:

RN Signature: Date: Time:

Originated: 9/10
Revised: 5/13; 8/13; 7/13; 9/13; 10/13; 10/13a, 10/14

[Patient Identifier]
Catheter for tPA infusion (must select one):

- **EKOS catheter:**
  - Room temperature 0.9% NaCl to infuse via EKOS “Coolant Port” at 35 mL/hr
  - Infuse tPA via “drug” port of EKOS catheter (not IV line)
  - Infuse Heparin via side port EKOS catheter
    (if > 1 EKOS catheter in use, infuse heparin in only one catheter)

- **Infusion Catheter:**
  - Infuse via sheath side port to keep sheath open at all times
  - 0.9% NaCl at _______ mL / hr
  - Heparin infusion

**tPA and Heparin Infusion:**

- **tPA (alteplase) 10 mg/250 mL 0.9% NaCl (0.04 mg/mL)**
  - Infuse at ______mg/hr (usual dose = 0.25 to 1 mg/hr, maximum dose = 2 mg/hr)
  - Maximum total infusion dose = 40 mg (4 bags)
  - Discontinue tPA if SBP > 210 or DBP > 120 and notify MD

- **Heparin 25,000 units/250 mL D5W (100 units/mL)**
  - Record parameters on Heparin Flowsheet with tPA for peripheral thrombosis
  - Infuse intravenously ≤ 83 kg = 6 units/kg/hr
    > 83 kg = 5 mL/hr
  - Circle Dose
  - Titrate heparin per protocol below to maintain PTT 34 – 42 seconds

**Heparin protocol for use DURING tPA infusion:**

<table>
<thead>
<tr>
<th>PTT (sec)</th>
<th>Rate Change</th>
<th>Repeat PTT-heparin</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 34</td>
<td>Increase dose by 1 unit/kg/hr</td>
<td>6 hrs from the time dose is increased</td>
</tr>
<tr>
<td>34-42</td>
<td>No Change</td>
<td>Next AM</td>
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<tr>
<td>43-55</td>
<td>Decrease dose by 1 unit/kg/hr</td>
<td>6 hrs from the time dose is decreased</td>
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<td>56-73</td>
<td>Hold infusion for 1 hour, and decrease decrease by 2 unit/kg/hr</td>
<td>6 hrs from the time dose is decreased</td>
</tr>
<tr>
<td>&gt; 73</td>
<td>Hold infusion and notify MD</td>
<td>Per MD order</td>
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MD Signature: Date: Time:

RN Signature: Date: Time:
Other Medications:
☑ Discontinue Metformin (Glucophage)
☑ Discontinue any Metformin-containing medications:
  Actoplus Met, Avandamet, Glucovance, Janumet, Metaglip, Prandimet
☐ Docusate sodium (Colace) 100mg PO BID
☐ Morphine 2 – 4 mg IV Q 2h PRN moderate to severe pain (4-10)
☐ Ondansetron (Zofran) 4 mg IV Q 6h PRN nausea/vomiting
☐ Propchlorperazine (Compazine) 2.5 – 5 mg IV Q 6h PRN nausea/vomiting – use if Zofran ordered and
  N/V not controlled by Zofran.

Miscellaneous Orders
Patient to Return to ☑ Special Procedures ☐ Endovascular Lab
   at ________am/pm for follow-up arteriogram

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>USE</th>
<th>Daily</th>
<th>Every Other Day</th>
<th>Units</th>
<th>2 mg</th>
<th>0.2 mg</th>
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<tr>
<td>Q.D. QD</td>
<td>Q.O.D. QOD</td>
<td>QOD</td>
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<td>No Traili</td>
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<td>MgSO4</td>
<td>Magnesium</td>
<td>Morphine</td>
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MD Signature: Date: Time:
RN Signature: Date: Time:
# Heparin Flowsheet
## with TPA infusion for Peripheral Thrombosis

*Keep in MAR section of the Chart*

Initial Heparin Infusion ________ units/kg/hr, started at ___________ (date and time) Signature__________________

Time of repeat **PTT-heparin** is from the time that the infusion rate is changed

<table>
<thead>
<tr>
<th>Date/ Time of Lab draw</th>
<th>PTT</th>
<th>Current Dose units/kg/hr</th>
<th>Change made at (time)</th>
<th>On Hold Until (time)</th>
<th>New Dose units/kg/hr</th>
<th>New Rate mL/hr</th>
<th>PTT* Due at (time)</th>
<th>Signature</th>
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When tPA is discontinued, discontinue Heparin Protocol for use During tPA Infusion.
Initiate the High Dose heparin protocol with no initial bolus, refer to orders.

Origin Date: 9/2010
Rev: 2/2013, 9/13, 10/13; 10/13a, 10/14