



Addressograph/Label

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**Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy**

<b>Admission</b>	Diagnosis:					
	Attending Physician:		Time Notified:		Admit to:	
	Estimated Weight (kg):	_____	Weight (kg):	_____	Height (cm):	_____
	<b>ALLERGIES:</b> <input type="checkbox"/> NO KNOWN ALLERGY <input type="checkbox"/> MEDICATIONS <input type="checkbox"/> FOOD <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> LATEX					
	<b>MEDICATIONS/FOOD</b>			<b>REACTION</b>		

<b>Bypass from Another Hospital:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of hospital _____			
<b>Date and Time Last Seen Normal:</b>		_____	_____	_____	_____	
		dd/mm/yyyy	(hours:minutes)			
<b>Acute Stroke Physician Time notified:</b>	_____	<b>Acute Stroke Physician Time of assessment:</b>	_____	_____	_____	
		(hours:minutes)	(hours:minutes)			
<b>Eligibility Criteria for Thrombolysis Therapy</b>				<b>Yes</b>	<b>No</b>	<b>Unknown</b>
<b>Inclusion Criteria: (criteria should be checked "Yes" to continue)</b>						
Diagnosis of ischemic stroke causing disabling neurologic deficit who is greater than or equal to 18 years of age (if no, consider calling Criticalcall for Paediatric Neurologist)						
Onset of symptoms or the last time patient was known to be well is less than 4.5 hours. (for patients beyond 4.5 hours refer to EVT Inclusion/Exclusion Criteria)						
<b>Absolute Exclusion Criteria: (criteria should be checked "No" to continue)</b>						
Any source of active hemorrhage or any condition that could increase the risk of major hemorrhage after alteplase administration						
Any hemorrhage on brain imaging						
<b>Relative Exclusion Criteria: (criteria should be checked "No" to continue)</b>						
History of intracranial hemorrhage						
Stroke or serious head injury or spinal trauma within the last three months						
Major surgery (cardiac, thoracic, abdominal, or orthopedic) within the last 14 days						
Arterial puncture at a non-compressible site within the last seven days						
Symptoms suggestive of subarachnoid hemorrhage						
Stroke symptoms due to another non-ischemic acute neurological deterioration (i.e. seizures with post-ictal Todd's paralysis, severe hypoglycemia or hyperglycemia)						
Hypertension refractory to aggressive hyperacute antihypertensive treatment such that target systolic blood pressure is less than 180 and/or diastolic blood pressure is less than 105 cannot be achieved or maintained						
Patient currently prescribed and taking a direct oral anticoagulant (DOAC)						
CT showing early sign of extensive infarction						
Blood glucose less than 2.7mmol/L or greater than 22.2 mmol/L						
Elevated partial-thromboplastin time (PTT)						
International Normalized Ratio is greater than 1.7						
Platelet count less than 100,000 per cubic millimetre						

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (2400hr)

RVH-PPO-0255



R.PPOASPA

PPO Title: Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy (03/19) Implementation: (03/19)



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Eligibility Criteria for Endovascular Therapy (EVT)	Yes	No	Unknown
<b>Inclusion Criteria for EVT (criteria should be checked "Yes" to continue)</b>			
Diagnosis of ischemic stroke causing disabling neurologic deficit who is greater than or equal to 18 years of age (if no, consider calling Critical for Paediatric Neurologist)			
Functionally independent and life expectancy greater than three months			
Small to moderate ischemic core (Alberta Stroke Program Early CT Score [ASPECTS] of six or higher)			
Intracranial artery occlusion in the anterior circulation, including proximal large vessel occlusions in the distal ICA or MCA and immediate branches			
Basilar artery occlusions with consideration of potential benefits and risks of therapy, in consultation with Stroke Endovascular Team with patient and/or substitute decision-maker			
Time from last known well is within 6 hours of onset of stroke symptoms or last known well to initiation of treatment (onset to puncture)			
<b>Special Considerations:</b> <ul style="list-style-type: none"> <li>Highly selected patients with disabling acute ischemic stroke and large artery occlusions may be eligible for EVT up to 24 hours from onset of stroke symptoms (i.e. arterial access within 24 hours of onset) including patients with stroke discovered on awakening. Patients should be rapidly screened and neurovascular imaging completed.</li> <li>Pregnancy is not an absolute contraindication. Pregnancy is a condition where the risk of administering alteplase may be increased and should be weighed against the anticipated benefits.</li> <li>Patients on non-warfarin anticoagulants such as dabigatran, rivaroxaban and apixaban require special consideration.</li> <li>Patients with diabetes AND prior stroke being considered for alteplase may have increased risk and this risk should be weighed against the anticipated benefits.</li> </ul>			

<b>TO ACTIVATE ORDER, PLACE AN X or CHECK IN BOX or FILL IN BLANK.</b> <b>PRE-CHECKED UNWANTED ORDERS MUST BE FULLY CROSSED OUT</b> <small>All orders shall be DATED, TIMED, and SIGNED – All orders shall be either typed or written legibly in black ink.            Action Legend: EOL-Entered online PMO-Profile Made Out K-Entered on Kardex N-Noted</small>		Action	Initial Date Time
<b>Assessment</b>	<input checked="" type="checkbox"/> National Institutes of Health Stroke Scale (NIHSS) = _____ <small>(Refer to NIHSS: Appendix I)</small>		
	<input checked="" type="checkbox"/> Alberta Stroke Program Early CT Score (ASPECT) = _____		
<b>Patient Outcome/ Consent/ Consultation</b>	<b>Eligibility for Acute Thrombolysis Therapy</b>		
	<input type="checkbox"/> <b>Patient is a candidate for Acute Thrombolysis Therapy</b> Verbal or written informed acknowledgement has been obtained from: <input type="checkbox"/> Patient or <input type="checkbox"/> Substitute Decision Maker, specify _____ <input type="checkbox"/> Verbal or written informed consent was not obtained due to patient's clinical presentation and/or substitute decision maker not available .  <input type="checkbox"/> <b>Patient is NOT a candidate for Acute Thrombolysis Therapy, reason:</b> _____ <small>(Note: Patient may be a candidate for EVT)</small>		

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**Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy**

	<b>Eligibility for Endovascular Therapy</b>		
	<input type="checkbox"/> <b>Patient is a candidate for Endovascular Therapy</b> Verbal or written informed acknowledgement has been obtained from: <input type="checkbox"/> Patient or <input type="checkbox"/> Substitute Decision Maker, specify _____ <input type="checkbox"/> Verbal or written informed consent was not obtained due to patient's clinical presentation and/or substitute decision maker not available . <input checked="" type="checkbox"/> Proceed with the Endovascular Therapy Transfer Order Set <b>PPO-0312</b> <input type="checkbox"/> <b>Patient is NOT a candidate for Endovascular Therapy, reason</b> _____		
	<b>Telestroke Consultation</b>		
	<input checked="" type="checkbox"/> If using Telestroke for consultation, contact CritiCall to request consultation with Telestroke Neurologist prior to requesting consultation for EVT (refer to the Telestroke manual and Procedural Manual)		
<b>Thrombolysis Therapy</b>	<b>Dosage Calculation (Acute Stroke Physician to complete this section)</b>		
	a) <input type="checkbox"/> Actual Weight <input type="checkbox"/> Estimated Weight _____ kg _____ lbs b) Total alteplase dose: 0.9 mg/kg= _____ mg (maximum dose = 90 mg) c) <b>BOLUS DOSE (10% of total dose): _____ mg IV bolus over 1 minute</b> d) <b>MAINTENANCE INFUSION (90% of total dose): _____ mg IV over 1 hour</b> e) Independent double check to verify prescribed alteplase dose, volumes, and rates prior to administration. <i>(Note :Refer to Acute Stroke Alteplase Infusion Chart: Appendix II)</i>		
	<b>Preparation and Administration of Alteplase</b>		
	f) Reconstitute 100 mg vial of alteplase with 100 mL sterile water (final concentration equals 1 mg/ml). g) Withdraw and label the bolus dose as ordered above h) Flush saline lock with 3 to 5 mL of 0.9% sodium chloride prior to bolus i) Independent double check to verify prescribed alteplase bolus dose, volumes, and rates prior to bolus administration <b>Administering Registered Nurse Signature #1: _____</b> <b>Registered Nurse Signature #2: _____</b>		
	j) Start maintenance infusion using vented IV set, hang vial for the infusion dose over 1 hour as ordered above by Acute Stroke Physician. k) During one hour infusion, check and document every 15 minutes if the infusion pump and tubing are functioning correctly. l) Document bolus, maintenance infusion initiation and completion time. m) When the one hour infusion is complete and the vial is empty, replace with 50 mL IV bag of 0.9% sodium chloride and infuse to flush alteplase remaining in tubing. n) Independent double check to verify prescribed alteplase maintenance dose, volume, and rate prior to maintenance infusion being initiated. <b>Administering Registered Nurse Signature #1: _____</b> <b>Registered Nurse Signature #2: _____</b>		

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	<b>BOLUS DOSE ADMINISTERED TIME:</b> ____:____(hh:mm) (administered by Acute Stroke Physician)		
	<b>MAINTENANCE INFUSION DOSE START TIME:</b> ____:____ (hh:mm)		

<b>Vitals &amp; Monitoring</b>	<input checked="" type="checkbox"/> Canadian Neurological Scale (CNS) for alert, drowsy or aphasic stroke patients, or Glasgow Coma Scale (GCS) for comatose or stuporous patients, Heart Rate, Respiratory Rate, Blood Pressure, Pulse Oximetry Saturation (SpO <sub>2</sub> ): <input checked="" type="checkbox"/> Every 15 minutes x 2 hours, then <input checked="" type="checkbox"/> Every 30 minutes x 6 hours, then <input checked="" type="checkbox"/> Every 1 hour x 16 hours, then <input checked="" type="checkbox"/> Resume as directed within 24 hours post alteplase infusion <input checked="" type="checkbox"/> Notify MRP if patient develops additional deficits OR the CNS score decreases greater than one point <input checked="" type="checkbox"/> Temperature every 4 hours and PRN x 48 hours. If temperature is greater than 37.5°C, notify MRP. <input checked="" type="checkbox"/> Continuous SpO <sub>2</sub> monitoring <input checked="" type="checkbox"/> Maintain SpO <sub>2</sub> greater than ____%. If FiO <sub>2</sub> requirements are greater than 50% or 6 lpm, notify MRP and RRT <input checked="" type="checkbox"/> Continuous cardiac monitoring <input checked="" type="checkbox"/> Obtain, analyze and print the cardiac rhythm when a change in rhythm occurs, or a new arrhythmia is observed <input checked="" type="checkbox"/> Document rhythm analysis and arrhythmias every 4 hours <input checked="" type="checkbox"/> Monitor intake and output every 1 hour. Avoid urinary catheter, if required consult MRP.		
<b>Temperature and Pain Management</b>	<input checked="" type="checkbox"/> Treat temperature greater than 37.5° C <input type="checkbox"/> acetaminophen 650 mg PO/PR every 4 hours PRN for pain <b>(maximum acetaminophen from all sources 4,000 mg in 24 hours)</b> <input type="checkbox"/> acetaminophen 650 mg PO/PR every 4 hours PRN x 48 hours for temperature greater than 37.5° C, then reassess by MRP <b>(maximum acetaminophen from all sources 4,000 mg in 24 hours)</b>		
<b>Blood Pressure Management</b>	<b>Blood Pressure Management for patients prior to Thrombolysis Therapy:</b> <input checked="" type="checkbox"/> Notify MRP, if systolic blood pressure is greater than 185 mmHg and/or diastolic blood pressure is greater than 110 mmHg. <input type="checkbox"/> labetalol 10 mg IV push over 1 minute for target systolic blood pressure less than 185 mmHg and/or diastolic blood pressure less than 110 mmHg <b>(total maximum daily dose 300 mg)</b> <b>then</b> <input type="checkbox"/> repeat after 10 minutes labetalol 10 mg IV x 1 dose over 1 minute for target systolic blood pressure less than 185 mmHg and/or diastolic blood pressure		

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	<p>less than 110 mmHg (<b>maximum daily dose 300 mg</b>)</p> <p><b>then</b></p> <p><input type="checkbox"/> labetalol IV infusion 1 mg/minute then titrate up to 8 mg/minute for target systolic blood pressure less than 185 mmHg and/or diastolic blood pressure less than 110 mmHg (<b>maximum 8 mg/minute</b>)</p> <p><b>or</b></p> <p><input type="checkbox"/> hydrALAZINE 20 mg IV every 4 hours PRN for target systolic blood pressure less than 185 mmHg and/or diastolic blood pressure less than 110 mmHg (<b>total maximum daily dose 40 mg</b>)</p> <p><b>or</b></p> <p><input type="checkbox"/> Other Antihypertensive: _____</p>		
<b>Blood Pressure Management during and after Thrombolysis Therapy:</b>			
	<p><input checked="" type="checkbox"/> Notify MRP, if systolic blood pressure is greater than 180 mmHg and diastolic blood pressure is greater than 105 mmHg for 24 hours during and after alteplase infusion.</p> <p><input type="checkbox"/> labelotol 10 mg IV push over 1 minute for a target systolic blood pressure less than 180 mmHg and/or diastolic blood pressure greater than 105 mmHg (<b>total maximum daily dose 300mg</b>)</p> <p><b>then</b></p> <p><input type="checkbox"/> repeat after 10 minutes labetalol 10 mg IV x 1 dose over 1 minute for target systolic blood pressure less than 180 mmHg and/or diastolic blood pressure less than 105 mmHg (<b>maximum daily dose 300 mg</b>)</p> <p><b>then</b></p> <p><input type="checkbox"/> labetalol IV infusion 1 mg/minute then titrate up 8 mg/minute for target systolic blood pressure less than 180 mmHg and/or diastolic blood pressure less than 105 mmHg (<b>maximum 8 mg/minute</b>)</p> <p><b>or</b></p> <p><input type="checkbox"/> hydrALAZINE 20 mg IV every 4 hours PRN for target systolic blood pressure less than 180 mmHg and/or diastolic blood pressure less than 105 mmHg) (<b>total maximum daily dose 40 mg</b>)</p> <p><b>or</b></p> <p><input type="checkbox"/> Other Antihypertensive: _____</p>		
<b>Blood Pressure Management for patients NOT eligible for Thrombolysis Therapy:</b>			
	<p><input checked="" type="checkbox"/> Notify MRP, if systolic blood pressure is greater than 220 mmHg or diastolic blood pressure is greater than 120 mmHg. Avoid rapid or excessive lowering of blood pressure. Blood pressure should not be lowered greater than 15%, and not more than 25%, over the first 24 hours from symptom onset.</p> <p><input type="checkbox"/> labetalol 10 mg IV push over 1 minute for target systolic blood pressure less than 220 mmHg and/or diastolic blood pressure less than 120 mmHg (<b>total maximum dose 300 mg</b>)</p> <p><b>then</b></p>		

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	<input type="checkbox"/> repeat after 10 minutes labetalol 10 mg IV x 1 dose over 1 minute for target systolic blood pressure less than 220 mmHg and/or diastolic blood pressure less than 120 mmHg ( <b>maximum daily dose 300 mg</b> ) <b>then</b> <input type="checkbox"/> labetalol IV infusion 1 mg/minute then titrate up to 8 mg/minute for target systolic blood pressure less than 220 mmHg and/or diastolic blood pressure less than 120 mmHg ( <b>maximum 8 mg/minute</b> ) <b>or</b> <input type="checkbox"/> hydrALAZINE 20 mg IV every 4 hours PRN for target systolic blood pressure less than 220 mmHg and/or diastolic blood pressure less than 120 mmHg ( <b>total maximum daily dose 40 mg</b> ) <b>or</b> <input type="checkbox"/> Other Antihypertensive: _____ <i>(Note: Treatment of hypertension in acute ischemic stroke or TIA patients who are not eligible for Thrombolytic Therapy should not be routinely treated)</i>		
<b>Seizure Management</b>	<input checked="" type="checkbox"/> Notify MRP if new onset seizures observed.		
<b>Glucose Management</b>	<input checked="" type="checkbox"/> Notify MRP if capillary blood glucose is less than or equal to 4 mmol/L and greater than or equal to 10 mmol/L <input checked="" type="checkbox"/> Capillary blood glucose QID (before meals and hs) x 24 hours then reassess <input checked="" type="checkbox"/> Refer to Hypoglycemia Management <b>RVH PPO-0298</b>		
<b>IV Therapy</b>	<input type="checkbox"/> 0.9% sodium chloride at _____ mL/hr <input type="checkbox"/> 0.9% sodium chloride at 10 mL/hour for thrombolysis candidates <input type="checkbox"/> 0.9% sodium chloride with 20 mEq KCl/L Rate: _____ mL/hour <input type="checkbox"/> 0.9% sodium chloride with 40 mEq KCl/L Rate: _____ mL/hour <input type="checkbox"/> lactated ringers (LR) at _____ mL/hour <input type="checkbox"/> saline lock <input type="checkbox"/> Other: _____		
<b>Nutrition</b> <i>(To obtain a trained screener, place on MEDITECH and call staffing office)</i>	<input checked="" type="checkbox"/> NPO (including no water, ice chips or oral medications) until Toronto Bedside Swallowing Screening Test (TOR-BSST©) is completed. Consider alternative medication routes while patient is NPO. <input checked="" type="checkbox"/> Obtain a trained Swallowing TOR-BSST © screener <input checked="" type="checkbox"/> TOR-BSST© Screening Test completed as early as possible, within 24 hours of hospital arrival and prior to discharge (if applicable) <b>If patient Fails TOR-BSST © screening:</b> <input checked="" type="checkbox"/> Maintain NPO <input checked="" type="checkbox"/> Oral care every 4 hours and PRN <input checked="" type="checkbox"/> Speech Language Pathologist for swallowing assessment (diet as per SLP recommendations) <input checked="" type="checkbox"/> Consult Registered Dietitian as needed <input checked="" type="checkbox"/> Consult Pharmacy as needed <input checked="" type="checkbox"/> Trained screener may repeat TOR-BSST© every 24 hours or if		

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	<p>condition changes while awaiting SLP swallowing assessment</p> <p><b>If patient Passes TOR-BSST © screening, order:</b></p> <p><input checked="" type="checkbox"/> DIET: Healthy Heart Diet</p> <p><input checked="" type="checkbox"/> TEXTURE: Chopped/soft and bite sized texture, regular liquids</p> <p><input checked="" type="checkbox"/> Monitor/observe patient for first three meals</p> <p><input checked="" type="checkbox"/> Oral care after meals, at bedtime and PRN</p> <p><i>(Note: Refer to the Swallowing Screening for Stroke Patients Policy)</i></p>		
<b>Mobility</b>	<p><input checked="" type="checkbox"/> Bed rest for 24 hour post alteplase administration, then</p> <p><input type="checkbox"/> Activity as tolerated if no evidence of hemorrhage on 24 hour CT scan post alteplase administration</p> <p><input type="checkbox"/> Elevate head of bed to 30 degrees</p> <p><input type="checkbox"/> Up In Chair</p> <p><input type="checkbox"/> Assess patient's sitting and standing blood pressure to detect postural hypotension (patient must be able to stand for 2 minutes prior to taking standing BP)</p> <p><input checked="" type="checkbox"/> Initial screening and assessment should be done within 48 hours admission by rehabilitation specialist</p> <p><input checked="" type="checkbox"/> Alpha FIM® to be completed within 72 hours post-stroke</p> <p><i>(Note: Frequent, brief, out-of-bed activity involving sitting, standing, and walking, beginning within 24 hours of stroke onset is recommended if there are no contraindications.)</i></p>		
<b>Diagnostics Investigations/ Cardiac Investigations</b>	<p><b>Does patient have an allergy to contrast media?</b></p> <p><input type="checkbox"/> YES, specify: _____ <input type="checkbox"/> NO <input type="checkbox"/> Unknown/Unable to ask</p> <p><input type="checkbox"/> CT Perfusion head</p> <p><input type="checkbox"/> MRI/MRA brain</p> <p><input type="checkbox"/> CT head non contrast 24 hours following completion of alteplase infusion</p> <p><input checked="" type="checkbox"/> Notify MRP when CT scan is completed</p> <p><b>Date and time CT head to be completed (24 post alteplase administration)</b></p> <p>____/____/____ (dd/mm/yy) _____:____ (hh:mm)</p> <p><input type="checkbox"/> Carotid ultrasound (if CT Angiogram contraindicated)</p> <p><input type="checkbox"/> 12 lead ECG daily x 3 days</p> <p><input type="checkbox"/> 48 hour Holter Monitor (to start after ICU discharge if applicable)</p> <p><input type="checkbox"/> X-ray Chest</p> <p><input type="checkbox"/> Echocardiogram</p> <p><input type="checkbox"/> Electroencephalogram Reason: _____</p> <p><input checked="" type="checkbox"/> MRP to complete and fax Holter and or Echocardiogram requisition.</p> <p><i>(Note: Telemetry is not recommended for detection of atrial fibrillation, refer to the Telemetry PPO-0234)</i></p>		
<b>Lab Investigations</b>	<p><b>Lab investigations to be completed minimum of 12 hours after alteplase administration</b></p> <p><i>(if not completed in Emergency Department, add to ICU admission blood work)</i></p> <p><input checked="" type="checkbox"/> CBC (Complete Blood Count with Differential) every 3rd day x 5 days</p> <p><input checked="" type="checkbox"/> EUC (LYTES, BUN, CRE) x 2 days if patient on IV fluids</p> <p><input checked="" type="checkbox"/> PT (Prothrombin Time aka INR)</p>		

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- PTT (Partial Thromboplastin Time)
- TRANS (Transferrin)
- ALBUM (Albumin)
- FEPROF [Iron Profile (Iron, TIBC, % Sat)]
- FER (Ferritin)
- B12 (Vitamin B12)
- AST (Aspartate Aminotransferase)
- ALT (Alanine Transferase)
- CK (Creatine Kinase)
- TPNI (Troponin I)
- LIPID (fasting, Cholesterol, Triglycerides, HDL, LDL)
- TSH (Thyroid Stimulating Hormone –fT4 reflexed based on abnormal TSH)
- HBA1C (Hemoglobin A1c)
- TS (Type and Screen)
- CA (Calcium)
- MG (Magnesium)
- PHOS (Phosphorus)
- HIV, syphilis serology
- In AM:**
- LIPID (12 hour fasting, Cholesterol, Triglycerides, HDL, LDL)
- GLUF (Random Glucose) 12 hour fasting in am x1
- CBC (Complete Blood Count Includes Differential) x 3 days if patient on VTE Prophylaxis (as per **RVH-PPO 1393**)
- EUC (LYTES, BUN ,CRE ) x 2 days if patient on IV fluids
- POC Random
- POC capillary blood glucose Random QID (before meals and hs) x 24 hours
- Coagulopathy screen (consider Hematology consultation if clinically indicated):**
- ANTICARDIOLIPIN ANTIBODY (*send out test, results available in 2-6weeks*)
- HOMOCYSTEINE (*send out test, results available in 2-6 weeks*)
- LUPUS ANTICOAGULANT (*send out test, results available in 2-6 weeks*)
- SIC (Sickle Cell Screen)
- Beta 2 glycoprotein-1
- Protein C and S
- Cultures:**
- BC (Blood Culture) x 2 for temperature **greater than 38.5°** x 48 hours and PRN
- UC (Urine C&S/Culture &Susceptibility) for temperature **greater than 38.5°**

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<p><b>VTE Prophylaxis Management</b></p>	<p><input checked="" type="checkbox"/> MRP to assess VTE prophylaxis after 24 hour post thrombolysis CT scan has excluded intracranial hemorrhage and/or systemic hemorrhage</p> <p><input type="checkbox"/> dalteparin 5,000 units subcutaneous once daily at 1700 hours</p> <p><b>or</b></p> <p><input type="checkbox"/> dalteparin 2,500 units subcutaneous once daily at 1700 hours if weight is less than 40 kg</p> <p><b>or</b></p> <p><input type="checkbox"/> dalteparin 5,000 units subcutaneous twice daily at 0600 hours and 1700 hours (<i>Note: for high risk patients, weight greater than 100kg</i>)</p> <p><b>or</b></p> <p><input type="checkbox"/> heparin 5,000 units subcutaneous every 12 hours (use if patient awaiting surgery)</p> <p><b>or</b></p> <p><input type="checkbox"/> heparin 5,000 units subcutaneous every 8 hours (if weight is greater than 100 kg)</p> <p><input type="checkbox"/> VTE prophylaxis not indicated, reason: _____</p>		
<p><b>Secondary Prevention Medications</b></p>	<p><b>Antiplatelet Therapy</b></p> <p><input checked="" type="checkbox"/> MRP to assess antiplatelet agents after 24 hour post thrombolysis CT scan has excluded intracranial hemorrhage.</p> <p><input checked="" type="checkbox"/> If patient is not already on an antiplatelet agent and not receiving alteplase consider Antiplatelet Therapy</p> <p><input type="checkbox"/> enteric coated acetylsalicylic acid (EC ASA) 160 mg PO loading dose</p> <p><b>or</b></p> <p><input type="checkbox"/> acetylsalicylic acid (ASA) 325 mg rectal suppository loading dose</p> <p><b>Date and time Antiplatelet administered:</b> _____/_____/_____(dd/mm/yy) _____:(mm:hh)</p> <p><b>then</b></p> <p><input type="checkbox"/> acetylsalicylic acid (ASA) 81 mg PO daily</p> <p><b>or</b></p> <p><input type="checkbox"/> acetylsalicylic acid (ASA) 325 mg PR daily</p> <p><b>or</b></p> <p><input type="checkbox"/> clopidogrel (Plavix®) 300 mg PO x 1 dose</p> <p><b>or</b></p> <p><input type="checkbox"/> dipyridamole 200 mg/acetylsalicylic acid 25 mg (Aggrenox®) one capsule PO twice daily</p> <p><b>or</b></p> <p><input type="checkbox"/> enteric coated acetylsalicylic acid (EC ASA) 81 mg PO daily plus clopidogrel (Plavix®) 75 mg PO daily</p> <p>(<i>Note: All patients with ischemic stroke or TIA should be received antiplatelet therapy unless contraindicated</i>)</p>		

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	<p><b>Anticoagulation Therapy</b></p> <p><input checked="" type="checkbox"/> MRP to assess for anticoagulant therapy after 24 hour CT imaging has excluded intracranial hemorrhage and if patient did <b>not</b> receive alteplase</p> <p><input type="checkbox"/> apixiban (Eliquis®) 2.5 mg PO twice daily</p> <p><input type="checkbox"/> apixiban (Eliquis®) 5 mg PO twice daily</p> <p><b>or</b></p> <p><input type="checkbox"/> dabigatran (Pradaxa®) 110 mg PO twice daily</p> <p><input type="checkbox"/> dabigatran (Pradaxa®) 150 mg PO twice daily</p> <p><b>or</b></p> <p><input type="checkbox"/> rivaroxaban (Xarelto®) 15 mg PO daily</p> <p><input type="checkbox"/> rivaroxaban (Xarelto®) 20 mg PO daily</p> <p><i>(Note: Patients with TIA or ischemic stroke and nonvalvular atrial fibrillation should receive oral anticoagulation unless contraindicated)</i></p>		
<p><b>Management of Complications</b></p>	<p><b>Management of Intracranial Hemorrhage following Thrombolysis Administration</b></p>		
	<p><input checked="" type="checkbox"/> Monitor for signs and symptoms of Intracranial Hemorrhage within 24 hours following Alteplase administration</p> <p><input checked="" type="checkbox"/> Notify MRP if there is a decrease in level of consciousness, or CNS decreases by greater than 1 point, new acute headache or worsening severity of headache, new hypertension, nausea, vomiting and seizures.</p> <p><input checked="" type="checkbox"/> Discontinue alteplase infusion (if still being administered)</p> <p><input checked="" type="checkbox"/> Monitor vital signs and CNS as outlined above</p> <p><input checked="" type="checkbox"/> CT non contrast head STAT</p> <p><input checked="" type="checkbox"/> PT (Prothrombin Time aka INR) STAT</p> <p><input checked="" type="checkbox"/> PTT (Partial Thromboplastin Time) STAT</p> <p><input checked="" type="checkbox"/> CBC (Complete Blood Count with Differential) STAT</p> <p><input checked="" type="checkbox"/> Fibrinogen STAT</p> <p><input checked="" type="checkbox"/> TS (Type and Screen) STAT</p> <p><input checked="" type="checkbox"/> Notify MRP, if systolic blood pressure is greater than 180 mmHg and diastolic blood pressure is greater than 105 mmHg</p> <p><input checked="" type="checkbox"/> Refer to Blood Pressure Management during and after Thrombolysis Therapy section in PPO</p> <p><input checked="" type="checkbox"/> Refer to management of Intracranial Hemorrhage following Thrombolysis Therapy Algorithm: Appendix III</p>		
	<p><b>Management of Systemic Hemorrhage following Thrombolysis Therapy</b></p> <p><input checked="" type="checkbox"/> Monitor for signs and symptoms of Systemic Hemorrhage within 24 hours following Alteplase administration</p> <p><input checked="" type="checkbox"/> Notify MRP if systemic bleeding is identified or suspected</p> <p><input checked="" type="checkbox"/> Discontinue alteplase infusion (if still being administered)</p> <p><input checked="" type="checkbox"/> Monitor vital signs and CNS as outlined above</p> <p><input checked="" type="checkbox"/> CBC (Complete Blood Count with Differential) STAT</p> <p><input checked="" type="checkbox"/> PT (Prothrombin Time aka INR) STAT</p> <p><input checked="" type="checkbox"/> PTT (Partial Thromboplastin Time) STAT</p>		

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



R.PPOASPA

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**Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy**

	<input checked="" type="checkbox"/> Fibrinogen STAT <input checked="" type="checkbox"/> TS (Type and Screen) STAT <input checked="" type="checkbox"/> If a compressible site compress for 15 minutes <input checked="" type="checkbox"/> Refer to Management of Hemorrhage following Thrombolysis Therapy Algorithm: Appendix IV) <b>Management of Angioedema following Thrombolysis Therapy</b> <input checked="" type="checkbox"/> Monitor for facial, tongue and/or pharyngeal angioedema every 15 minutes until 75 minutes following thrombolysis administration and PRN for 24 hours afterwards <input checked="" type="checkbox"/> Notify MRP if new onset of facial, tongue, and/or pharyngeal Angioedema <input checked="" type="checkbox"/> Discontinue alteplase infusion (if still being administered) <input checked="" type="checkbox"/> Apply 100% oxygen via facemask <input checked="" type="checkbox"/> Obtain Angioedema Kit Administer: <input type="checkbox"/> diphenhydrAMINE 50 mg IV push x 1 dose over 10 minutes <b>and</b> <input type="checkbox"/> raNITidine 50 mg IV x 1 dose <b>or</b> <input type="checkbox"/> hydrocortisone (Solu-Cortef) 100 mg IV x 1 dose infused over 1-3 minutes (if severe) <b>or</b> <input type="checkbox"/> methylPREDNISolone 120 mg IV x 1 dose, infuse over 15 minutes <input checked="" type="checkbox"/> Refer to Management of Angioedema following Thrombolysis Therapy Algorithm: Appendix V) <i>(Note: Consider NOT using epinephrine due to potential increase risk of Intracerebral hemorrhage)</i>		
<b>Admission/ Transfer/ Repatriation/ Discharge</b>	<b>Admission</b> <b>Admission to RVH Intensive Care Unit (if applicable):</b> <input type="checkbox"/> If patient is not an EVT candidate, has received alteplase and/or is clinically unstable admit to ICU for 24 hours <input checked="" type="checkbox"/> Acute Stroke Physician to notify ICU MRP for transfer of care Name of MRP: _____ <b>Admission to Integrated Stroke Unit (if applicable):</b> <input type="checkbox"/> If patient is not an EVT candidate, did not receive alteplase and is clinically stable, admit to Integrated Stroke Unit		

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



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**Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy**

	<input checked="" type="checkbox"/> Acute Stroke Physician to notify appropriate physician to admit to designated unit who will complete Acute Ischemic Stroke/Transient Ischemic Attack (TIA) <b>PPO-0254</b> Name of MRP: _____		
	<b>Transfer</b>		
	<input checked="" type="checkbox"/> If patient requires neuro-surgical care , Acute Stroke Physician to arrange transfer to receiving center		
	<input checked="" type="checkbox"/> If patient is an EVT candidate, refer to the EVT Transfer <b>RVH PPO-0312</b>		
	<b>Repatriation/Discharge</b>		
	<input checked="" type="checkbox"/> If patient is not an EVT candidate, did not receive alteplase, and is clinical stable, Acute Stroke Physician to arrange repatriation to receiving center (if applicable) <input checked="" type="checkbox"/> Complete Physicians Report for Stroke/TIA Bypass Patients Communication Form and send with patient. <input checked="" type="checkbox"/> Complete SPC Referral form and provide to patient/family <input checked="" type="checkbox"/> Document TOR-BSST © screening results in the Physicians Report for Stroke/TIA Bypass Communication Form <b>Patient/family Education (if applicable)</b> <input checked="" type="checkbox"/> Provide patient/family with swallowing educational brochure & counselling as needed, ensure patient and family are aware of NPO status if applicable <input checked="" type="checkbox"/> Provide stroke education package <input checked="" type="checkbox"/> Educate patient and family of symptoms using FAST acronym of stroke/TIA and when to contact 911 <input checked="" type="checkbox"/> Smoking cessation education (if applicable)		
<b>Referrals/ Consults</b>	<input checked="" type="checkbox"/> Enter Stroke Protocol in EMR (if not already completed) (Stroke Nursing Team, Occupational Therapist, Physiotherapist, Speech-Language Pathologist, Pharmacist, Social Worker, Registered Dietitian) <input type="checkbox"/> Diabetes Educator <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Palliative Care Team <input type="checkbox"/> NSM LHIN: Discharge Planning <input type="checkbox"/> Urgent consultation with Vascular Surgery for Stroke, TIA and Nondisabling Stroke with 50-99% carotid stenosis or elective referral for remotely symptomatic or asymptomatic stenosis (e.g. greater than 6 months) and complete vascular referral form. <input checked="" type="checkbox"/> Stroke Prevention Clinic Referral		
<b>Additional Orders</b>	<input type="checkbox"/> ACE Inhibitors or ARB _____ <input type="checkbox"/> Statin _____ <input type="checkbox"/> Antihyperglycemic _____ Other: _____		

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



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PPO Title: Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy (03/19)  
Implementation: (03/19)



Addressograph/Label

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**Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy**

**\*\*Complete all areas in signature box. Orders will not be processed without Prescriber's signature.**

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)

Prescriber's contact number: \_\_\_\_\_

Transcriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Int: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)

Transcriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Int: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



R.PPOASPA

**Copy sent to Pharmacy**



Addressograph/Label

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**Appendix I: National Institutes of Health Stroke Scale (NIHSS)**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Examiner: \_\_\_\_\_ Time: \_\_\_\_\_  
Month Day Year Signature 24 hour clock

Instructions	Scale Definition	Score
<p><b>1a Level of Consciousness.</b>            Patients who score 2 or 3 on this item should be assessed using the Glasgow Coma Scale (GCS)</p> <p>A score of 3 is only given if the patient fails to respond (other than reflexive posturing) after noxious stimulation.</p>	<p><b>0 = Alert:</b> keenly responsive  <b>1 = Not alert:</b> but arousable by minor stimulation to obey, answer or respond  <b>2 = Not alert:</b> requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements  <b>3 = Responds</b> only with reflex motor or autonomic effects or totally unresponsive, flaccid and areflexic</p>	
<p><b>1b LOC Questions.</b> The patient is asked the month and his/her age.            Score only the initial answer. Patients unable to speak due to intubation, orotracheal trauma, severe dysarthria, language barrier, etc., are scored 1. Aphasic and stuporous patients are scored 2.</p>	<p><b>0 = Answers</b> both questions correctly  <b>1 = Answers</b> one question correctly  <b>2 = Answers</b> neither question correctly</p>	
<p><b>1c LOC Commands.</b> Open/close eyes, make fist, release fist.            Substitute another command if hands cannot be used. Score only first attempt. Patients too weak to complete the command can be scored if they've made an unequivocal attempt to follow the command. If unresponsive, task should be demonstrated.</p>	<p><b>0 = Performs</b> both tasks correctly  <b>1 = Performs</b> one task correctly  <b>2 = Performs</b> neither task correctly</p>	
<p><b>2. Best gaze.</b> Patient follows examiner's finger or face through full horizontal field.            Appropriate for aphasic patients. Patients with conjugate deviation of the eyes (overcome by voluntary or reflexive activity) and those with isolated peripheral nerve paresis (CN III, IV, or VI) are scored 1</p>	<p><b>0 = Normal</b>  <b>1 = Partial gaze palsy:</b> gaze is abnormal in one or both eyes, but forced deviation or total gaze paresis is not present  <b>2 = Forced deviation,</b> or total gaze paresis not overcome by the oculocephalic manoeuvre</p>	
<p><b>3. Visual Fields.</b> Introduce visual stimulus/threat to patient's visual field quadrants.            Use confrontation, finger counting, or visual threat. Confront upper/lower quadrants of visual field. Patients with clear-cut asymmetry, including quadrantopia, are scored 1. Blind patients are scored 3. Test again using double stimulation. Score 1 for extinction and record under item 11.</p>	<p><b>0 = No visual loss</b>  <b>1 = Partial hemianopia</b>  <b>2 = Complete hemianopia</b>  <b>3 = Bilateral hemianopia</b> (blind including cortical blindness)</p>	

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



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PPO Title: Acute Stroke Physician Assessment of Thrombolysis and/or Endovascular Therapy (03/19)  
 Implementation: (03/19)

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**Appendix I: National Institutes of Health Stroke Scale (NIHSS)**

<p><b>4. Facial Palsy.</b> Show teeth, raise eyebrows, squeeze eyes shut. Pantomime may be used. In poorly responsive patients, score symmetry of grimace in response to noxious stimuli.</p>	<p><b>0 = Normal</b> symmetrical movements  <b>1 = Minor paralysis</b> (flattened nasolabial fold, asymmetry on smiling)  <b>2 = Partial paralysis</b> (total or near-total paralysis of lower face)  <b>3 = Complete paralysis</b> of one or both sides</p>		
<p><b>5. Motor Arm. Test each limb independently.</b> Palm down: elevate arm to 90 degrees if patient is sitting, 45 degrees if supine and score drift/movement over 10 seconds Score untestable (UN) only for patients with amputations or joint fusions of shoulder.</p>	<p><b>0 = No drift</b>  <b>1 = Drift;</b> limb holds, but drifts down before full 10 seconds. Does not hit bed or other support  <b>2 = Some effort against gravity;</b> limb cannot get to or maintain 90 (or 45) degrees, drifts down to bed, but has some effort against gravity.  <b>3 = No effort against gravity;</b> limb falls. Test shoulder movement for any evidence of movement.  <b>4 = No movement.</b>  <b>UN = Amputation or joint fusion</b></p>	Left	Right
<p><b>6. Motor Leg. Test each limb independently:</b> With patient supine, elevate extremity to 30 degrees and score drift/movement over 5 seconds</p>	<p><b>0 = No drift;</b> leg holds 30-degree position for full 5 seconds  <b>1 = Drift;</b> leg falls by the end of the 5-second period but does not hit bed  <b>2 = Some effort against gravity;</b> leg falls to bed by 5 seconds, but has some effort against gravity  <b>3 = No effort against gravity;</b> leg falls immediately to bed. Check for effort/flexion at hip.  <b>4 = No movement.</b>  <b>UN = Amputation or joint fusion</b></p>	Left	Right
<p><b>7. Limb Ataxia.</b> Finger-nose, heel-shin Score 0 for patients who are paralyzed or cannot understand. Score 1 or 2 only if ataxia is disproportionate to weakness.</p>	<p><b>0 = Absent</b>  <b>1 = Present in one limb</b>  <b>2 = Present in two limbs</b>  <b>UN = Amputation or joint fusion</b></p>		
<p><b>8. Sensory.</b> Pin prick to face, arm, trunk and leg –compare side to side. Look at grimace in aphasic patient. Score sensory loss due to stroke only. Stuporous and aphasic patients are scored 0 or 1. Patients with brainstem stroke and bilateral sensory loss, quadriplegic patients who do not respond, and comatose patients are scored 2. A score of 2 is only given when severe or total sensory loss is demonstrated.</p>	<p><b>0 = Normal, no sensory loss</b>  <b>1 = Mild-moderate sensory loss;</b> pt feels pinprick is less sharp or is dull on the affected side, or there is a loss of superficial pain with pinprick, but patient is aware of being touched  <b>2 = Severe to total sensory loss;</b> patient is not aware of being touched in the arm, face and leg</p>		

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (dd/mm/yy) (2400hr)



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**Appendix I: National Institutes of Health Stroke Scale (NIHSS)**

<p><b>9. Best Language.</b> Name item, describe a picture and read sentences (see below). Patients with visual loss can be asked to identify and describe objects placed in the hand. Intubated patients should be asked to write their answers. Comatose patients are scored 3. A score of 3 is only given if the patient is mute and unable to follow one-step commands.</p>	<p><b>0 = No aphasia;</b> normal <b>1 = Mild – mod aphasia;</b> reduced fluency or comprehension <b>2 = Severe aphasia;</b> communication exchange very limited <b>3 = mute, global aphasia;</b> no usable speech or auditory comprehension.</p>	
<p><b>10. Dysarthria. Do not tell the patient why he/she is being tested.</b> Patients with severe aphasia can be scored based on the clarity of articulation of their spontaneous speech.</p>	<p><b>0 = Normal</b> <b>1 = Mild – mod dysarthria;</b> can be understood <b>2 = Severe dysarthria;</b> unintelligible or is mute/anarthric <b>UN =</b> intubated or other physical barrier</p>	
<p><b>11. Extinction and Inattention.</b> Information to identify neglect may be obtained during the prior testing, and/or double simultaneous stimulation. Lack of patient response and inattention may already be evident from the previous items. Score 0 if the patient has a severe visual loss preventing visual double simultaneous stimulation, but the response to cutaneous stimuli is normal, or if the patient has aphasia but does not appear to attend to both sides. The presence of visual spatial attention or anosognosia may also be evidence of abnormality</p>	<p><b>0 = No abnormality</b> <b>1 = Visual, tactile, auditory, spatial, or personal inattention</b> or extinction to bilaterally simultaneous stimulation in one of the sensory modalities <b>2 = Profound hemi-inattention or extinction</b> to more than one modality; does not recognize own hand or orients to only one side of space.</p>	
<b>TOTAL SCORE</b>		

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



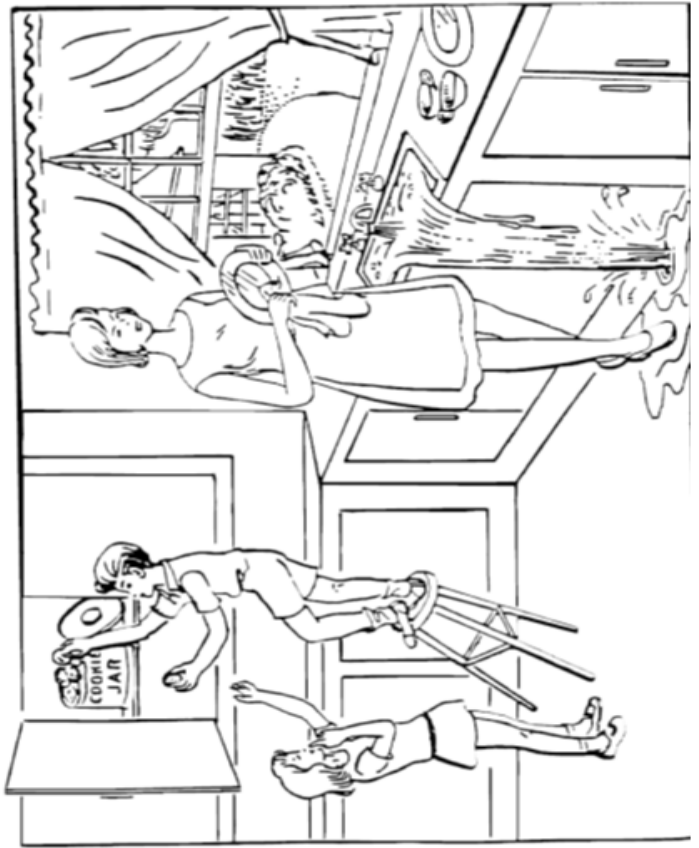
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Implementation: (03/19)



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**Appendix I: National Institutes of Health Stroke Scale (NIHSS)**



**You know how.**

**Down to earth.**

**I got home from work.**

**Near the table in the dining room.**

**They heard him speak on the radio last night**

**MAMA**

**TIP-TOP**

**FIFTY-FIFTY**

**THANKS**

**HUCKLEBERRY**

**BASEBALL PLAYER**

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (dd/mm/yy) (2400hr)



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 Implementation: (03/19)



Addressograph/Label

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**Appendix II: Acute Stroke alteplase (tPA) Infusion Chart**

Weight lb	Weight Kg	Total Dose (mg)	Bolus Dose Over 1 minute By MD (mg)	Bolus Amount (mL)	Infusion Dose (mg) to run over 1 hour	SET IV PUMP Volume	SET IV PUMP Rate	Amount Left in Vial (and IV tubing)
90-94	41-42	37	4	4	33	33	33	63
95-98	43-44	39	4	4	35	35	35	61
99-104	45-47	41	4	4	37	37	37	59
105-109	48-49	44	4	4	40	40	40	56
110-113	50-51	45	5	5	40	40	40	55
114-120	52-54	48	5	5	43	43	43	52
121-124	55-56	50	5	5	45	45	45	50
125-129	57-58	52	5	5	47	47	47	48
130-133	59-60	54	5	5	49	49	49	46
134-137	61-62	55	6	6	49	49	49	45
138-142	63-64	57	6	6	51	51	51	43
143-146	65-66	59	6	6	53	53	53	41
147-151	67-68	61	6	6	55	55	55	39
152-155	69-70	63	6	6	57	57	57	37
156-159	71-72	64	6	6	58	58	58	36
160-164	73-74	66	7	7	59	59	59	34
165-168	75-76	68	7	7	61	61	61	32
169-173	77-78	70	7	7	63	63	63	30
174-177	79-80	72	7	7	65	65	65	28
178-181	81-82	73	7	7	66	66	66	27
182-186	83-84	75	8	8	67	67	67	25
187-190	85-86	77	8	8	69	69	69	23
191-195	87-88	79	8	8	71	71	71	21
196-199	89-90	81	8	8	73	73	73	19
200-203	91-92	82	8	8	74	74	74	18
204-208	93-94	84	8	8	76	76	76	16
209-212	95-96	86	9	9	77	77	77	14
213-217	97-98	88	9	9	79	79	79	12
218-219	99	89	9	9	80	80	80	11
220 & UP	100 & UP	90	9	9	81	81	81	10

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (dd/mm/yy) (2400hr)



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 Implementation: (03/19)

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**Appendix III: Management of Intracranial Hemorrhage following Thrombolysis Therapy Algorithm** (Note: Algorithm is only a guide for Physician decision making and individual case basis)

Suspected Intracranial Hemorrhage following alteplase administration

Symptoms of Intracranial Hemorrhage within 24 hours following thrombolysis administration such as: a decrease in level of consciousness, or CNS decreases by greater than 1 point, new acute headache or worsening severity headache, new hypertension, nausea, vomiting and seizures.

Discontinue alteplase infusion if still being administered

**Immediate CT non contrast head**

Blood work: PT/PTT, INR, CBC, Fibrinogen, Type and Screen STAT

**Avoid systolic blood pressure greater than 180 mmHg and diastolic blood pressure greater than 105 mmHg (refer to Blood Pressure Management during and after Thrombolysis Therapy section in PPO)**

**Intracranial Hemorrhage present on CT**

NO

YES

**Hemorrhage not present on CT scan. End algorithm.**

Consider urgent consultation with:  
1. Hematologist  
2. Neurosurgery via CritiCall

Evaluate laboratory results Platelet count, Fibrinogen, PT,

Consider giving 10 units of cryoprecipitate **immediately** (over 10-30 mins) and more as needed to obtain fibrinogen level of greater than or equal to 2 gram/litre

Consider giving tranexamic acid 10-15 mg/kg IV over 20 minutes  
**OR**  
Aminocaproic acid 4-5 grams IV during first hours, followed by 1 gram until bleeding is controlled

Consider giving 6 to 8 units of platelets for patients with thrombocytopenia (Platelet count less than 100,000 microL)

For patient receiving unfractionated heparin (UFH): Consider giving 1 mg of protamine for every 100 units of UFH given in the preceding 4 hours

Consider second CT scan to assess size change and repeat CBC, INR, PTT, fibrinogen after blood products

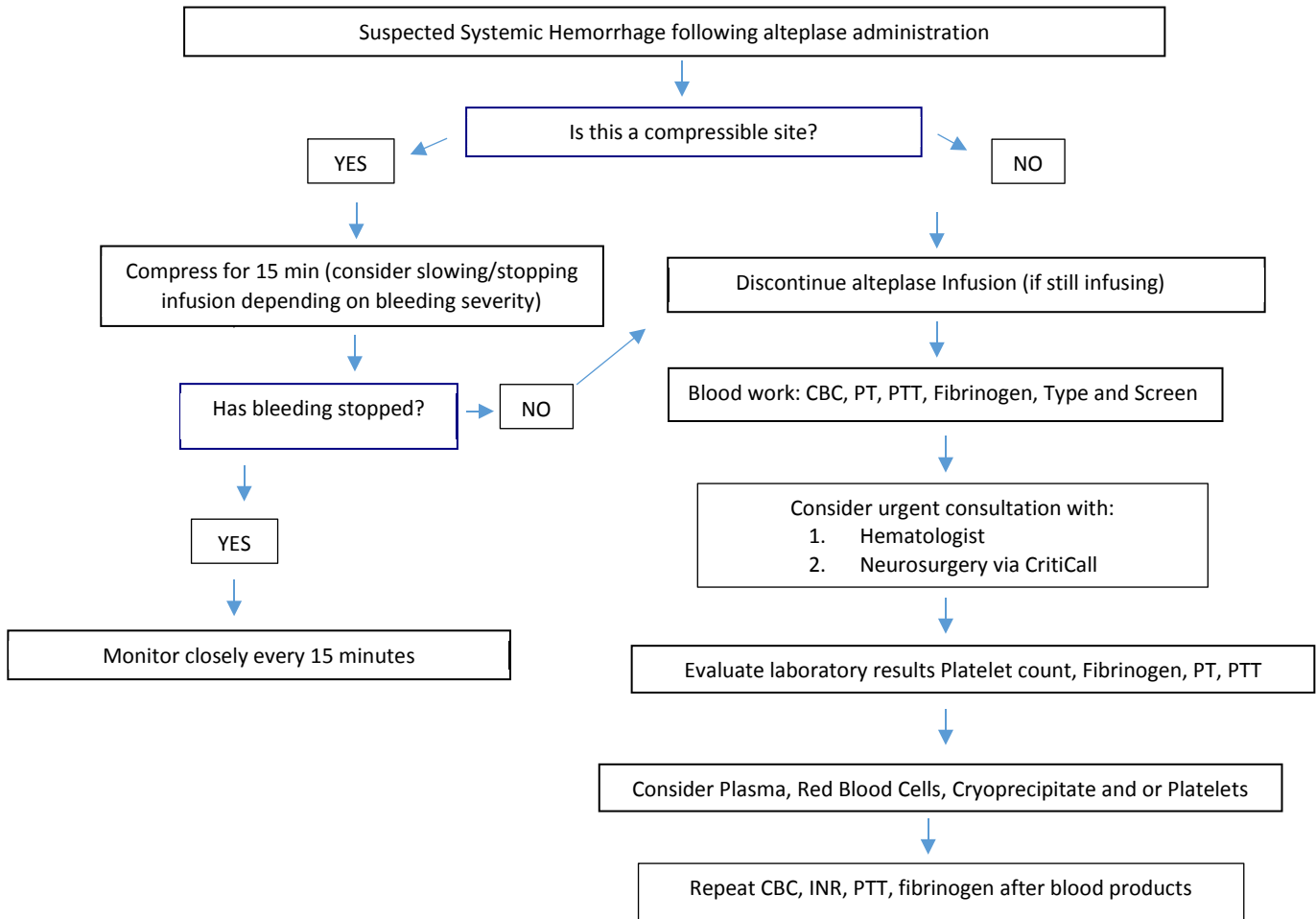
Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



Order sets are a clinical decision aid based on best practice. All orders should be reviewed carefully and individualized where appropriate

**Appendix IV: Management of Systemic Hemorrhage following Thrombolysis Therapy Algorithm** (Note: Algorithm is only a guide for Physician decision making and individual case basis)



Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

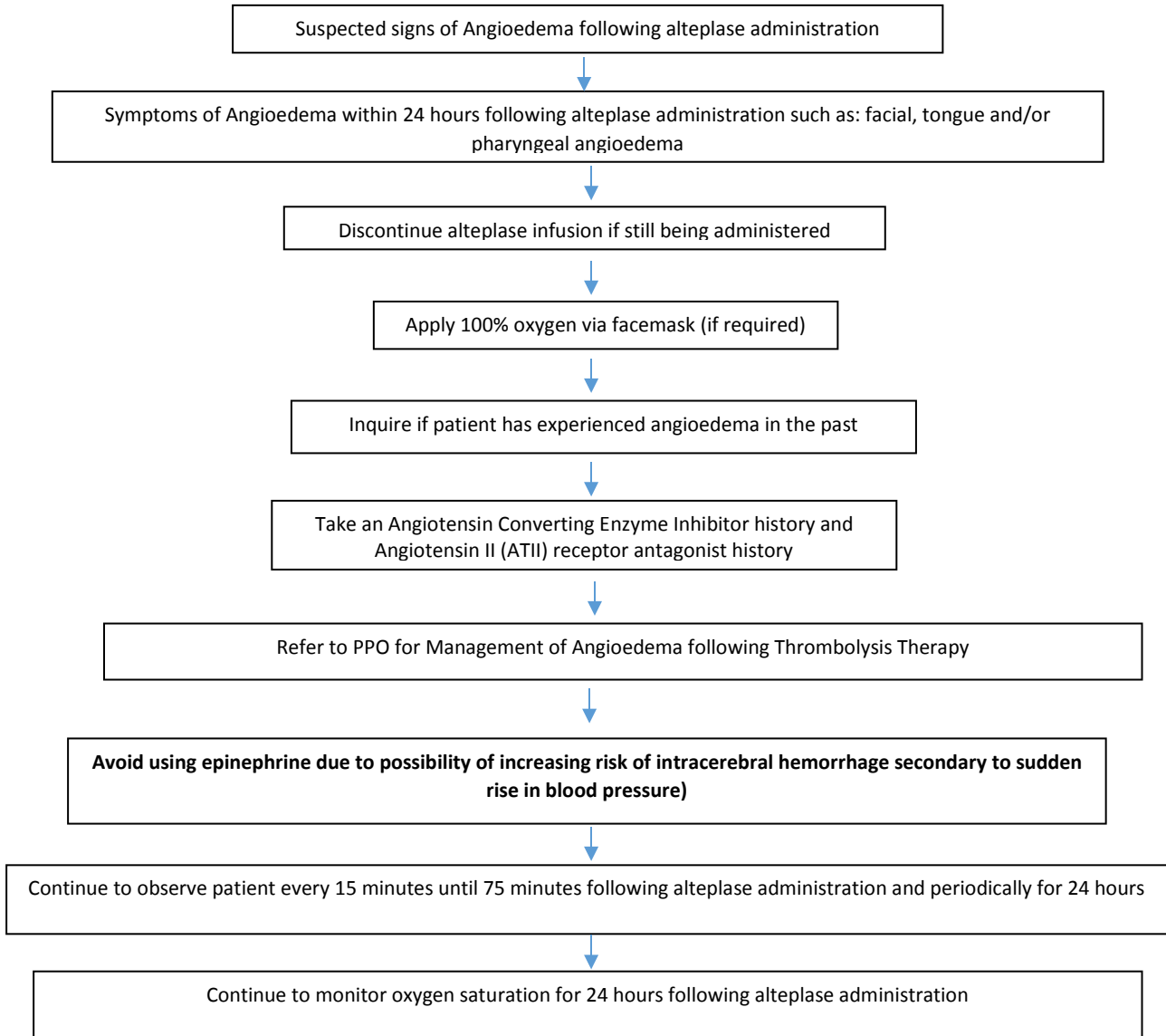
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



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**Appendix V: Management of Angioedema following Thrombolysis Therapy Algorithm**

(Note: Algorithm is only a guide for Physician decision making and individual case basis)



Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(dd/mm/yy) (2400hr)



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