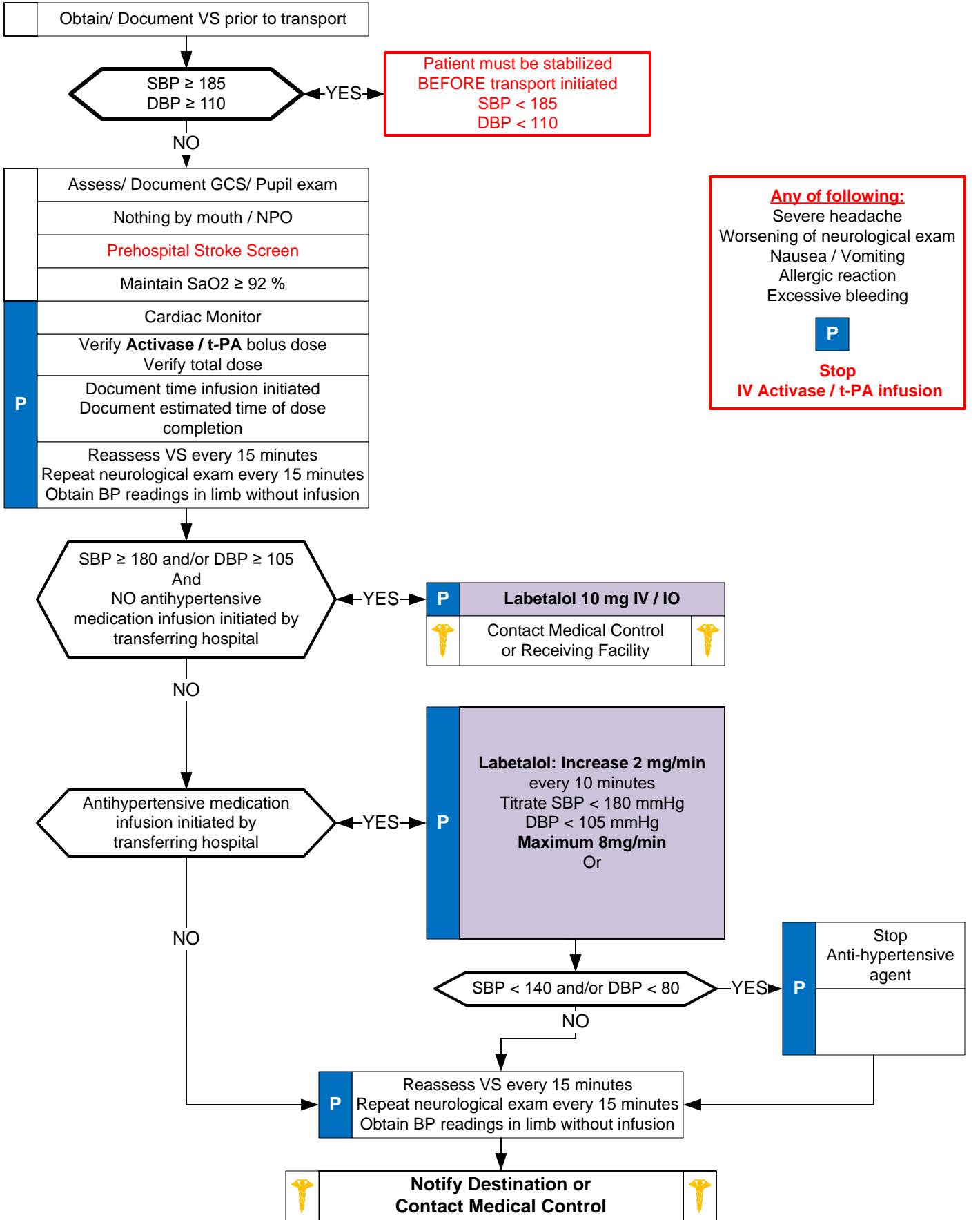




# Suspected Stroke: Activase/ t-PA (Optional)





# Suspected Stroke: Activase / t-PA (Optional)

## Pearls

- **Recommended Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro**
- **This protocol is optional. Agencies may develop their own in conjunction with their regional stroke center(s) guidance.**
- **This protocol is intended for interfacility transfer patients only. Medication must be started at initial treating hospital.**
- **Items in Red Text are key performance measures used in protocol compliance.**
- **The Reperfusion Checklist should be completed for any suspected stroke patient.**
- **Time of Onset or Last Seen Normal:**
  - **One of the most important items the pre-hospital provider can obtain, of which all treatment decisions are based.**
  - **Be very precise in gathering data to establish the time of onset and report as an actual time (i.e. 13:47 NOT "about 45 minutes ago.")**
  - **Without this information patient may not be able to receive thrombolytics at facility.**
  - **Wake up stroke: Time starts when patient last awake or symptom free.**
- **Time of Symptom Discovery:**
  - **Time when symptoms of stroke are first noticed by patient, bystanders, witnesses, or family/ caregivers.**
- The differential listed on the Altered Mental Status Protocol should also be considered.
- Be alert for airway problems (swallowing difficulty, vomiting/aspiration).
- Hypoglycemia can present as a localized neurologic deficit, especially in the elderly.
- **Infusion Pump Alarm / No Flow:**
  - Remove drip chamber from Activase / t-PA bag.
  - Spike Activase/ t-PA drip chamber to NS bag.
  - Restart infusion to complete medication remaining in IV tubing.
- **Medication dosing safety:**
  - When IV **Activase/ t-PA** dose administration will continue en route, verify estimated time of completion.
  - Verify with sending hospital that excess **Activase/ t-PA** has been withdrawn from the bottle and wasted.
  - This ensures the bottle will be empty when the full dose is finished. *For example, if the total dose is 70 mg, then 30 cc should be withdrawn and wasted since a 100 mg bottle of **Activase/ t-PA** contains 100 mL of fluid when reconstituted.*
  - Sending hospital should apply a label to **Activase/ t-PA** bottle with the number of mL of fluid that should be in the bottle in case of pump failure during transit.
- **Allergy Anaphylaxis:**
  - **Activase/ t-PA**, is structurally identical to endogenous t-PA and therefore should not induce allergy, single cases of acute hypersensitivity reactions have been reported.
  - **Angioedema:**
    - Rapid swelling (edema) of the dermis, subcutaneous tissue, mucosa and submucosal tissues. Typically involves the face, lips, tongue and neck.
    - Almost always self limiting but may progress to interfere with airway / breathing so close monitoring is warranted.
  - Utilize the Allergy / Anaphylaxis Protocol as indicated and also for angioedema. Infusion should be stopped.
  - Give all medications related to the Allergy/ Anaphylaxis Protocol by IV route only as patient should remain NPO.