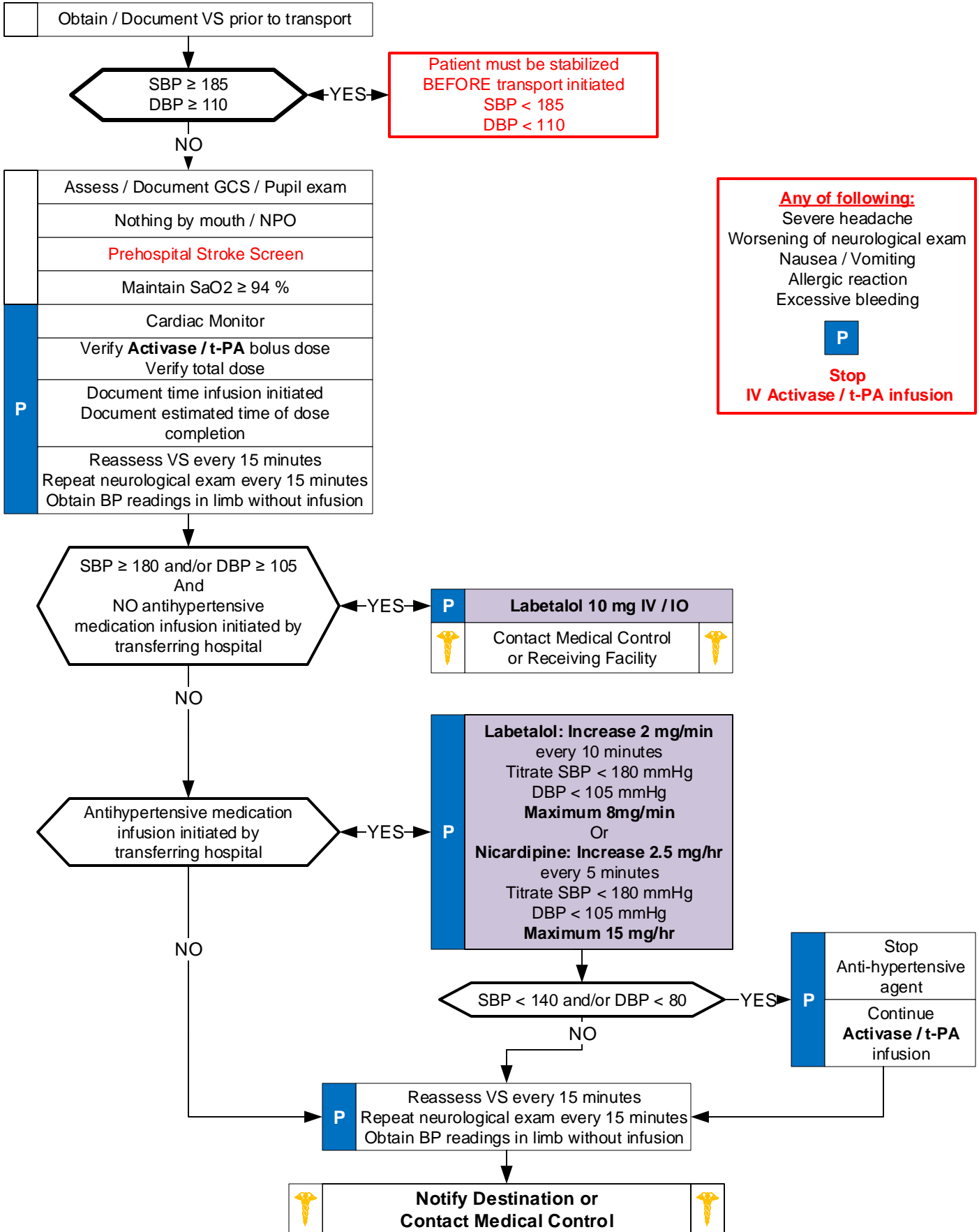


# Suspected Stroke: Activase / t-PA (Optional)



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

## Pearls

- **This protocol is optional and given only as an example. Agencies may and are encouraged to develop their own.**
- **This protocol is intended for interfacility transfer patients only. Medication must be started at initial treating hospital.**
- **Recommended Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro**
- **Items in Red Text are key performance measures used in protocol compliance.**
- **The Reperfusion Checklist should be completed for any suspected stroke patient.**
- **Onset of symptoms** is defined as the last witnessed time the patient was symptom free (i.e. awakening with stroke symptoms would be defined as an onset time when the patient went to sleep or last time known to be symptom free.)
- 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  - Verify with sending hospital that excess **Activase / t-PA** has been withdrawn from the bottle and wasted.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 *For example, if the total dose is 70 mg, then 30 cc should be withdrawn and wasted since a 100 mg bottle of **Activase / t-PA** contains 100 mL of fluid when reconstituted.*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.