

# KISS Acute Ischemic Stroke Orders and Transport Protocol

## Stroke workup

- Date/time patient last known well: \_\_\_\_\_
- Vital signs: minimum of every 15 minutes (with continuous O<sub>2</sub> and cardiac monitoring)
- O<sub>2</sub> at 2 liters per nasal cannula: titrate for SpO<sub>2</sub> of 94% or greater
- Two peripheral IVs** (18-gauge preferable, one in AC)
- Labs: CBC, BMP, PT/INR, PTT, blood glucose, troponin, and pregnancy test if applicable (to save door-to-needle time, you may give alteplase prior to the lab results back if patient has no HX of major liver, renal or bleeding issues and is not on warfarin or NOAC) **POC labs acceptable**
- Diagnostic: CT head without contrast (notify radiologist for STAT read); EKG
- Strict NPO
- NIH stroke scale score: \_\_\_\_\_
- Complete alteplase checklist:
  - Patient meets alteplase criteria, proceed with alteplase orders below. \_\_\_\_ Consult with stroke specialist obtained
  - Alteplase contraindicated due to \_\_\_\_\_ (cross through alteplase orders)
- Notify dispatch/transport team
- Best family phone number (cell):** \_\_\_\_\_

## Pre-alteplase

- Monitor BP every 15 minutes. **Keep BP < 185/110 mmHg**
  - Labetalol 10 mg IVP (may repeat x 1). (Hold for HR < 60)
  - Nicardipine gtt. 5 mg/hr to max of 15 mg/hr
  - Or antihypertensive agent of your choice
- Start normal saline IVF drip at 75 mL per hour
- Obtain signed informed consent if needed
- Weight in kilograms \_\_\_\_\_ (if unable to weigh, obtain from patient/family or average 2 estimated weights)

## Alteplase prep/administration

Calculations checked by: (2 initials) \_\_\_\_\_ and \_\_\_\_\_

- Mix alteplase with sterile water as provided by manufacturer to a concentration of 1 mg/mL
- Calculate total dose (will be the bolus + infusion):
  - **Total dose:** (0.9 mg/kg) = \_\_\_\_\_ (**max of 90 mg**)
- Waste unneeded alteplase portion.
  - **Waste:** (100 mg – total dose) = \_\_\_\_\_ mg.
- Administer bolus over 1-minute IV push
  - **Bolus dose:** 10% of total dose (total dose x 0.1) = \_\_\_\_\_ mg/**time given:** \_\_\_\_\_
- Administer infusion dose as a secondary infusion over 1 hour
  - **Infusion dose:** 90% of total dose (total dose x 0.9) = \_\_\_\_\_ mg/**time started:** \_\_\_\_\_
- Flush alteplase remaining in IV tubing with NS – use same rate as alteplase infusion

## During infusion/post-infusion/transport preparation

- Monitor vital signs and neuro checks every 15 minutes from the start of the bolus for 2 hours.
  - **Keep SBP < 180 mmHg, DBP < 105 mmHg**, (stop tPA if unable to maintain SBP < 180 or DBP < 105 constantly with antihypertensive agents)
- Labetalol 10 mg IVP (may repeat x 1). (Hold for HR < 60)
- Nicardipine gtt. 5 mg/hr to max of 15 mg/hr
  - Keep SBP > 100: may try NS 500 ml IVF bolus as an initial option
  - If sudden change in baseline mental status, acute headache or vomiting, STOP alteplase infusion.  
Call Medical Control
- Monitor for adverse reactions, e.g., angioedema (may follow anaphylactic management or protocol) or hemorrhagic complications (abdominal and/or flank pain, hemoptysis, hematemesis, shortness of breath/rales/rhonchi) STOP alteplase infusion; call Medical Control.
- CAUTIONS
  - NO anticoagulation or antiplatelet therapy for 24 hours
  - NO Foley insertion/reinsertion, central venous line placement or arterial puncture at a non-compressible site for at least 24 hours after tPA
  - Avoid insertion of nasogastric tube for 6-8 hours after alteplase administration
- Send copy of CT head scan (do not delay transport – report can be faxed)
- Send patient records with documentation of allergies, current medications, past medical history (can be faxed)  
All that is needed is the EMTALA paperwork with patient – DO NOT DELAY TRANSFER FOR COPY OF RECORDS