



## POST THROMBOLYTIC ADMINISTRATION

### INDICATIONS

Patients who, while being transferred to a higher level of care, are receiving alteplase (tPA) for the treatment of an acute ST–Segment Myocardial Infarction, Pulmonary Embolism (PE) or Stroke.

### INCLUSION CRITERIA

A non-Specialty Care Transport (SCT) Paramedic with agency credentialing to maintain a patient on an alteplase infusion may transport provided the patient has:

- Systolic BP between 110-175 mmHg
- Diastolic BP between 60-105 mmHg
- Heart Rate between 50-120
- Oxygen saturation > 92% on NC
- No other medications or devices that require SCT transport by regional or agency policy.

### MANAGEMENT GOALS

- Provide for patient comfort and safety
- Ensure completion of thrombolytic medication
- Close and frequent monitoring of patients physical and neurologic condition
- Accurate documentation of NIHSS exam throughout the transport

### CARE GUIDELINES

1. Confirm tPA dose and pump settings
2. Monitor patient's vital signs and neurologic exam (i.e. NIHSS) at a minimum of every 15 minutes during the alteplase infusion as well as after the infusion during transport.
  - a. If the patient's neurologic exam decompensates, stop the alteplase infusion and contact Online Medical Control.
  - b. Infusion should not be restarted until evaluated by the receiving facility.
3. Monitor for hemorrhage
  - a. Bleeding from gums, venipuncture sites, hematuria, hemoptysis, hematomas, ecchymosis in the absence of hemodynamic instability requires contact with Online Medical Control and consideration of stopping the alteplase infusion.
4. Monitor patient's vitals every 15 minutes with special attention to blood pressure. Any systolic >185 mmHg or diastolic >110 mmHg requires contact with Online Medical Control.