

## Guidelines for the Care of the Post IV Thrombolytic Patient

### Admit to the NNICU (should not board)

- Vital Signs: BP, P, R, and Abbreviated NIHSS Q15m x2H, then q30m x6H, then Q1H x16H.
- Continuous Cardiac Monitoring
- 12 lead ECG by unit personnel
- No rectal exams until after the first 2H following infusion completion
- Defer foley catheter, rectal tube, nasogastric tube and orogastric tube during infusion and for two hours following infusion completion
- No new central or peripheral lines until 2 hours following infusion completion
- SCD sleeves while in bed and up in chair
- Bedrest for 24h post thrombolytic infusion

### DIET:

- NPO including medications until swallow screened by a trained RN or MD.
  - If patient *passes* swallow screening by trained RN/MD-
    - Heart healthy diet once thrombolytic infusion is complete
  - OR
  - Heart healthy/consistent carbohydrate diet once thrombolytic infusion is complete.
- If patient *fails* swallow screening by trained RN/MD-
  - NPO including medications until cleared by speech therapy.
  - SLP ordered for swallow evaluation.

### Notify House Officer:

- For SBP >180mmhg or <110mmhg
- For DBP >105mmhg or <50mmhg
- For Pulse >110BPM or <55BPM
- For Resp >30/min or <12/min
- For UO <30cc/hr
- For change in neuro status
- For O2 sats <94%

### MEDICATIONS:

- If SBP 180-230mmhg and/or DBP is 105-120mmhg:
  - Labetalol 10mg, IV over 1 minute; dose may be repeated Q10 minutes up to 300mg total.
- If SBP >230mmhg and/or DBP is 121-140mmhg:
  - Labetalol 20mg, IV over 1 minute; dose may be repeated Q10 minutes up to 300mg total.
  - OR
  - Nicardipine infusion 5mg/h. Titrate up to desired effect by increasing 2.5mg/h every 5 minutes to maximum of 15mg/h.
- Start ASA and SQ heparin DVT prophylaxis 24h after thrombolytic infusion

**LABS:**

- Draw PT, PTT, CBC & PLT 24H post infusion. Date and time need to be included in order.
- HGBA1C
- Lipid panel
- UA
- Hemocult all stool

**RESPIRATORY:**

- Standard ICU respiratory care.

**IMAGING:**

- MRI/A head and neck, Stroke Protocol

**THERAPIES:**

- PT, evaluate and treat
- OT, evaluate and treat
- SLP, evaluate and treat for speech (swallow evaluation is indicated above)

Guidelines are general and cannot take into account all of the circumstances of a particular patient. Judgment regarding the propriety of using any specific procedure or guideline with a particular patient remains with that patient's physician, nurse or other health care professional, taking into account the individual circumstances presented by the patient.