Implications for Practice Thrombolytic Therapy

Patient preparation guidelines-
- Complete patient history and physical with current medications, allergies
- Educate patient on procedure and what to expect
- A minimum of 2 large bore IVs one for blood draws and one for IV fluids
- Labs: baseline CBC with platelet levels, PT/INR/PTT, fibrinogen, BMP, T&S and crossmatch for 2 units PRBCs
- Vital signs, neurological exam, EKG, CXR
- Cardiac monitor
- Consent for procedure and blood products
- Foley catheter
- NPO
- Preoperative antibiotic
- Heparin gtt for infusion 25,000 units in 500 mL NS
- Order for intraoperative use: tPA 10 mg/100 mL for AngioJet flush
- Order for infusion to start intraoperatively and continue to SICU: tPA 25 mg/250 mL NS

Patient management guidelines-
- Admit to SICU
- Heparin gtt 500 units/hr via sheath, do not infuse any other medications
- tPA 1mg/hr (concentration for infusion 25 mg tPA in 250 mL NS) via catheter, do not infuse any other medication
- Every 6 hour lab draws including: CBC with platelets, BMP, PT/INR/PTT, fibrinogen
- Monitor hourly neurologic assessment with vital signs and urine output
- Continue cardiac monitoring and foley catheter
- Bedrest while tPA infusion (no IV sticks)
- NPO, ice chips
- Call Vascular surgery with any abnormal lab values

Safety guidelines- Factors associated with major bleeding include supratherapeutic dose of heparin, total dose of tPA, and age > 70 years:
- If Ptt > 100, stop heparin gtt for one hour, and check PTT again in the next hour. Restart heparin if PTT < 100
- If fibrinogen < 200, then decrease tPA to 0.5 mg/hr and recheck in one hour
- If fibrinogen < 150, then STOP tPA and then recheck fibrinogen level in the next hour