

STROKE CONSULTANT/NURSE TPA PROTOCOL

Start Protocol if:

- * age 18 – 80 and <3.5hrs from event (to allow treatment within 4.5hrs)
- * age 81+ (previously independent) and <2.5hrs from event (to allow treatment within 3 hrs)
- * if working day and <5hrs consider IST.3*

Date: _____
Consultant: _____
Thrombolysis Nurse: _____
Place: A&E /Other : _____

1. Time stroke onset/ or last seen well:

- Time of onset : determined from Patient witness paramedics
- Current time :.....
- Elapsed time :

2. Catastrophic stroke/event?

- If patient comatose (GCS<8) : STOP

3. * BP _____

If >185/110 reassure, then consider Labetalol**
If persistently >185/110 STOP

* BM _____

If <3.0 during event ? STOP
If > 22 consider Insulin if persistent STOP

ACTION by A&E

- Inform Stroke Unit 6479 (dedicated line)
- Warn CT scanning (5924 or 6339), or out of hours on call CT radiographer – request their ETA
- Alert porters 07824606632
- **Venflon**
- U&E, FBC, P.Time, LFT's glucose
- **No** aspirin
- Relatives to be with pt and brought to CT scanning

4. On Warfarin or Full dose Clexane/heparin

NO

YES finger pick INR 1.7 or less can thrombolyse
1.8+ scan, consider Beriplex if bleed ***

5. NIHSS Score

- If minimal & rapidly improving : STOP (significant deficit)
- If > 25 : STOP

6. Contra-indication to TPA (see next page) Yes STOP NO

7. Weight : known _____ Kg Estimated _____ Kg

8. CT Scanning:

Time of arrival in CT scan dept: _____
Time of CT scan _____
CT scan reviewed _____

9. **TPA** : TPA bolus dose = _____ Time of bolus dose : _____ : _____ (give over 2 mins)
TPA infusion dose = _____
Time from onset to TPA bolus: ___hrs ___mins

10. Discussed with Patient / Relatives.

Thrombolysis and information sharing with SITS-MOST discussed with Patient and/or relatives.

