

# Post tPA Infusion



## **HOLD Antiplatelet Therapy & VTE Prophylaxis**

**until 24 hour follow-up CT head confirms absence of hemorrhage**

**NO** arterial puncture, intramuscular injection or invasive procedure x 24 hours post tPA

**DO NOT** administer any other medication in the dedicated tPA line

## Assessments

Vital Signs and Canadian Neurological Scale (CNS)

- q30 minutes x2 hours
- Then q1H x10 hours
- Then q2H x12 hours
- Then q8H and PRN

Monitor for active bleeding and angioedema

- At 75 minutes
- At 90 minutes
- Then q4h x24 hours

### **Notify physician if:**

- Temperature greater than 37.5
- CNS decreases by 1 point from previous score
- Any neurological changes

## Swallowing Screen



Patient remains NPO including medications until screen is complete and patient has passed

Stroke Standardized Swallowing Screen

- To be completed within 24 hours
- Patient must be alert & can sit upright
- Use teaspoon, not tablespoons
- If patient fails, keep NPO, inform physician and SLP if available

## Other Care Considerations

Monitor for signs of increased intracranial pressure

- Post tPA patients are at an increased risk of hemorrhagic transformation

Cardiac monitoring x24 hours

- High incidence of acute coronary syndrome & arrhythmia within first 24 hours

Monitor Blood Pressure

- Maintain targets of SBP  $\leq$  180 mmHg and/or DBP  $\leq$  105 mmHg, or as ordered
- Follow IV anti-hypertensive orders
- Notify physician if:
  - SBP > 185 mmHg or < 105 mmHg
  - DBP > 110 mmHg or < 60 mmHg
  - HR < 50 beats/min
  - RR > 24 breaths/min

Source: [strokebestpractices.ca](http://strokebestpractices.ca)  
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