

<b>Name</b> <b>MRN</b> <b>DOB</b>  <b>Patient Identification</b>	VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298  <b>IV-TPA Administration Protocol</b>
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**IV-TPA Dosing:** See IV-TPA dosing table

1. Dose: 0.9 mg/kg (maximum dose of 90 mg)
2. Give 10% as IV bolus over 1 minute followed by the remaining 90% as IV infusion over 60 min.

IV-TPA Dosing Table

Weight (lbs)	Weight (kg)	Total IV-TPA Dose at 0.9 mg/kg (mg = ml)	IV-TPA Bolus Dose (mg = ml)	Discard Quantity of TPA (Not for infusion) (mg = ml)	Infusion Rate (ml/hr)
220+	100.0+	90.0	9.0	10.0	81.0
210	95.5	86.0	8.6	14.0	77.4
200	90.9	81.8	8.2	18.2	73.6
190	86.4	77.8	7.8	22.2	70.0
180	81.8	73.6	7.4	26.4	66.2
170	77.3	69.6	7.0	30.4	62.6
160	72.7	65.4	6.5	34.6	58.9
150	68.2	61.4	6.1	38.6	55.3
140	63.6	57.2	5.7	42.8	51.5
130	59.1	53.2	5.3	46.8	47.9
120	54.5	49.1	4.9	50.9	44.2
110	50.0	45.0	4.5	55.0	40.5
100	45.5	41.0	4.1	59.0	36.9

**IV-TPA Administration:**

1. Verify the bolus dose, the discard quantity, and the infusion rate
2. Verify patency of IV site and tubing connections
3. Verify that the blood pressure cuff is attached to other arm
4. Give bolus dose IV push over 1 minute
5. Administer infusion dose IV over 60 minutes
6. Document start date and time of bolus dose and infusion
7. At the end of the infusion, inject 20 ml of normal saline into the bag and purge the pump to empty the line completely of TPA
8. Document end date and time of infusion.

**Monitoring during and after IV-TPA infusion:**

1. Maintain BP < 180/105 mmHg for at least 24 h per guidelines
2. BP every 15 min for 2 h, then every 30 min for 6 h, then every 1 h until 24 h after IV-TPA
3. Neuro checks every 15 min during IV-TPA infusion, then every 30 min for 6 h, then every 1 h until 24 h after IV-TPA infusion
4. Pulse oximeter O<sub>2</sub> sat ≥ 92% using oxygen cannula or mask
5. Tylenol 650 mg po/pr every 4 h prn T > 99.4; cooling blanket prn T > 102, set to avoid shivering
6. Obtain non-contrast Head CT 24 h after completion of IV-TPA infusion
7. No antiplatelet agents or anticoagulants until post-IV-TPA Head CT results known
8. No Foley catheter, nasogastric tube, arterial catheter or central venous catheter for 24 h post IV-TPA or unless absolutely necessary
9. If during or after IV-TPA administration patient has acute neurologic deterioration or new headache, or acute hypertension, or nausea and vomiting:
  - a. Notify MD
  - b. Discontinue IV-TPA infusion
  - c. Send labs stat (PT/PTT/CBC/PLT/Fibrinogen/Type and cross x3 units)
  - d. Obtain stat non-contrast Head CT
  - e. Prepare to administer 4-6 units of cryoprecipitate
  - f. Prepare to administer 6-8 units of platelets (or 1 unit of single donor platelets)