



attach patient label here

Physician Orders ADULT

**RAD Peripheral Thrombolysis Post Procedure Plan**

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:**  No known allergies

Medication allergy(s): \_\_\_\_\_

Latex allergy  Other: \_\_\_\_\_

**NOTE: These orders are NOT to be used for patients experiencing a stroke or pulmonary embolism.**

**Uncategorized**

Initiate Powerplan Phase T;N, Phase: RAD Peripheral Thrombolysis Post Procedure Phase  
When to Initiate: \_\_\_\_\_

**Vital Signs**

Vital Signs w/Neuro Checks T;N, q1h, for 24hr, then q2h Comment: Standard ICU vital Signs

Pedal Pulses Check T;N, q1h, Routine, for 4 hours

**Patient Care**

Keep Affected Leg Straight T;N, for the duration of Thrombolysis

Elevate Head of Bed T;N, Elevate less than or equal to 30 degrees at all times

**Nursing Communication**

Nursing Communication T;N, NO IM or intrathecal punctures

Nursing Communication T;N, Arterial Line Precautions

Nursing Communication T;N, Discontinue all Peripheral Thrombolysis Plan when Alteplase drip is stopped

Nursing Communication T;N, Assess puncture site q1h for hematoma for 6 hours

Nursing Communication T;N, Call Radiologist 1.5 hours before the end of alteplase bag for new bag order.

**Continuous Infusion**

Heparin 1000 units/500mL Normal Saline 500 mL, IV, (20mL/hr), T;N, Comment: Concentration: 2 units / mL. To keep sheath open

**Standard Concentration Infusion**

**NOTE: Alteplase standard concentration of 20 mg / 500 mL NS = 0.4 mg/mL, see orders below:**

alteplase infusion for periph revascularization - std conc \_\_\_\_\_ mL/hr 500 mL, IV, STAT,(for 24 hr), **Comments:** Alteplase standard concentration (20 mg / 500 mL diluent = 0.4 mg/mL). Only to be ordered by Interventionist Radiologist for Peripheral Revascularization. Call Radiologist 1.5 hours before the end of bag for new bag order. Initial infusion rate: \_\_\_\_\_ mg/hr (\_\_\_\_\_ mL/hr) for \_\_\_\_\_ - THEN - Infusion rate: \_\_\_\_\_ mg/hr (\_\_\_\_\_ mL/hr) Infusion site = \_\_\_\_\_

**HIGH Concentration Infusion**

**NOTE: Alteplase HIGH concentration of 20 mg / 250 mL NS = 0.8 mg/mL, see orders below:**

alteplase infusion for periph revascularization - HIGH conc \_\_\_\_\_ mL/hr, 250 mL, IV, STAT,(for 24 hr), **Comments:** Alteplase standard concentration (20 mg / 250 mL diluent = 0.8 mg/mL). Only to be ordered by Interventionist Radiologist for Peripheral Revascularization. Call Radiologist 1.5 hours before the end of bag for new bag order. Initial infusion rate: \_\_\_\_\_ mg/hr (\_\_\_\_\_ mL/hr) for \_\_\_\_\_ - **THEN** - Infusion rate: \_\_\_\_\_ mg/hr (\_\_\_\_\_ mL/hr) Infusion site = \_\_\_\_\_





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**Physician Orders ADULT**  
**Title: RAD Peripheral Thrombolysis Post Procedure**  
**Orders**

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Medications		
<input type="checkbox"/>	alteplase	, _____ mg, Injection, IV Push, once, STAT, <b>Comments:</b> only to be ordered by Interventionist Radiologist for Peripheral Revascularization (10 mg/10mL vial)
<input type="checkbox"/>	alteplase	_____ mg, Injection, IV Push, device once, STAT, <b>Comments:</b> only to be ordered by Interventionist Radiologist for Peripheral Revascularization(10 mg/10mL vial),
<input type="checkbox"/>	alteplase	, _____ mg, Injection, intra arterial, once, STAT, <b>Comments:</b> only to be ordered by Interventionist Radiologist for Peripheral Revascularization(10 mg/10mL vial)
Laboratory		
<input type="checkbox"/>	CBC	Time Study, T;N+240, q4h, Type: Blood
<input type="checkbox"/>	CBC	Time Study, T;N+240, q6h, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (APTT)	Time Study, T;N+240, q4h, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (APTT)	Time Study, T;N+240, q6h, Type: Blood
<input type="checkbox"/>	INR Normalized PT Ratio (INR)	Time Study, T;N+240, q4h, Type: Blood
<input type="checkbox"/>	INR Normalized PT Ratio (INR)	Time Study, T;N+240, q6h, Type: Blood
<input type="checkbox"/>	Fibrinogen Level	Time Study, T;N+240, q4h, Type: Blood
<input type="checkbox"/>	Fibrinogen Level	Time Study, T;N+240, q6h, Type: Blood
Consult / Notification		
<input type="checkbox"/>	Notify Physician Continuing	T;N, <b>Notify Who:</b> Interventional Radiologist, <b>Notify For:</b> if INR greater than 1.7 or Fibrinogen less than 150, or Hematocrit less than 25, or platelets less than 90
<input type="checkbox"/>	Notify Physician Continuing	T;N, <b>Notify Who:</b> Interventional Radiologist, <b>Notify For:</b> signs and symptoms of bleeding

\_\_\_\_\_ **Date**                      \_\_\_\_\_ **Time**                      \_\_\_\_\_ **Physician's Signature**                      \_\_\_\_\_ **MD Number**