Physician Orders ADULT
Order Set: Alteplase for Peripheral Revascularization Orders

[ ] = 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.

[ ] Alteplase for Peripheral Revascularization Protocol Orders

-- Standard Concentration Infusion --

NOTE: Alteplase standard concentration of 25 mg / 250 mL NS = 0.1 mg/mL, see orders below:

[ ] Alteplase infusion for peripheral revascularization - std conc
225 mL, IV, STAT, (for 24 hr), See Order Comments, Comments: Alteplase standard concentration (25 mg / 250 mL diluent = 0.1 mg/mL)
Initial infusion rate: ________ mg/hr (_______ mL/hr) for _____ hours
- THEN -
Infusion rate: ________ mg/hr (_______ mL/hr)
Infusion site = ________________________________

-- HIGH Concentration Infusion --

NOTE: Alteplase HIGH concentration of 25 mg / 25 mL NS = 1 mg/mL, see orders below:

[ ] Alteplase infusion for peripheral revascularization - HIGH conc
25 mL, IV, STAT, (for 24 hr), See Order Comments, Comments: Alteplase HIGH concentration (25 mg / 25 mL diluent = 1 mg/mL)
Initial infusion rate: ________ mg/hr (_______ mL/hr) for _____ hours
- THEN -
Infusion rate: ________ mg/hr (_______ mL/hr)
Infusion site = ________________________________

-- HIGH Concentration Bolus for IV Push --

[ ] Alteplase
_____ mg, Injection, IV Push, once, STAT, Comments: IV Bolus for Peripheral Revascularization

-- Laboratory --

[ ] CBC
STAT, once, Type: Blood

[ ] CBC
Time Study, T,N+240, q4h, Type: Blood

[ ] Partial Thromboplastin Time (APTT)
STAT, once, Type: Blood

[ ] Partial Thromboplastin Time (APTT)
Time Study, T,N+240, q4h, Type: Blood

[ ] INR Normalized PT Ratio (INR)
STAT, once, Type: Blood

[ ] INR Normalized PT Ratio (INR)
Time Study, T,N+240, q4h, Type: Blood

[ ] Fibrinogen Level
STAT, once, Type: Blood

[ ] Fibrinogen Level
Time Study, T,N+240, q4h, Type: Blood

Date ____________________ Time ____________________ Physician’s Signature ____________________ MD Number ____________________