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

[R] = will be ordered
T= Today; N = Now (date and time ordered)

### Medications

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<tbody>
<tr>
<td>[ ]</td>
<td>alteplase</td>
<td>1. [ ] mg, Injection, IV Push, once, STAT, <strong>Comments:</strong> only to be ordered by Interventionist Radiologist for Peripheral Revascularization (10 mg/10mL vial)</td>
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<td>[ ]</td>
<td>alteplase</td>
<td>2. [ ] mg, Injection, IV Push, device once, STAT, <strong>Comments:</strong> only to be ordered by Interventionist Radiologist for Peripheral Revascularization (10 mg/10mL vial)</td>
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<td>[ ]</td>
<td>alteplase</td>
<td>3. [ ] mg, Injection, intra arterial, once, STAT, <strong>Comments:</strong> only to be ordered by Interventionist Radiologist for Peripheral Revascularization (10 mg/10mL vial)</td>
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### Laboratory

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<tbody>
<tr>
<td>[ ]</td>
<td>CBC</td>
<td>Time Study, T;N+240, q4h, Type: Blood</td>
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<tr>
<td>[ ]</td>
<td>CBC</td>
<td>Time Study, T;N+240, q6h, Type: Blood</td>
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<tr>
<td>[ ]</td>
<td>Partial Thromboplastin Time (APTT)</td>
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<td>Fibrinogen Level</td>
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### Consult / Notification

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<tr>
<td>[ ]</td>
<td>Notify Physician Continuing</td>
<td>T;N, <strong>Notify Who:</strong> Interventional Radiologist, <strong>Notify For:</strong> if INR greater than 1.7 or Fibrinogen less than 150, or Hematocrit less than 25, or platelets less than 90</td>
</tr>
<tr>
<td>[ ]</td>
<td>Notify Physician Continuing</td>
<td>T;N, <strong>Notify Who:</strong> Interventional Radiologist, <strong>Notify For:</strong> signs and symptoms of bleeding</td>
</tr>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
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RAD Peripheral Thrombolysis Post Procedure Plan-21636-QM010214-020414