

# Thrombolytic Therapy

## Vascular Thromboembolism or Catheter Occlusion

(Activase/Alteplase/TPA)

Center Patient Admission  
Label Here

Patient Weight \_\_\_\_\_ (kg)

☐ **A. Pulmonary Embolus** t-PA (Activase®): 100 mg IV gtt over 2 hours

**Select one:** ☐ No Heparin following tPA infusion

☐ Enoxaparin 1mg/kg SC 12 hours ( may substitute equivalent low molecular weight Heparin)

Call lab for current PTT normal range

Multiply top normal by 2 (value \_\_\_\_\_)

Administer 1<sup>st</sup> Enoxaparin dose when PTT is less than this value.

Draw 1<sup>st</sup> PTT upon completion of tPA infusion, then q 4 hours until PTT is less than 2 times top normal.

☐ Arixtra – see chart

Patient Weight	Daily Dose of ARIXTRA
<50kg	5mg
50kg – 100kg	7.5mg
>100kg	10mg

☐ **B.** ☐ **Limb ischemic** (acute, less than 14 days) ☐ **DVT** (less than 10 days) ☐ **Dialysis graft clot**

t-PA (Activase®) – administer through perfusion catheter

Drip \_\_\_\_\_ mg/hour (usual 0.1 – 1mg/hr, Maximum 24 mg/24hrs).

Duration \_\_\_\_\_ hours ( usual 9 hours, Maximum 24 hours)

**Select one:** ☐ No Heparin following infusion

☐ Heparin (unfractionated) – administer through perfusion catheter **AFTER t-PA INFUSION COMPLETE**

Bolus \_\_\_\_\_ units (usual 0 – 5000 units)

Drip \_\_\_\_\_ units/hr (usual 500-1200 units/hr)

Duration \_\_\_\_\_ hours (usual 12-24 hours)

☐ **C.** ☐ **Central venous access occlusion** ☐ **Dialysis catheter occlusion**

t-PA (Activase®): 2mg IV slowly to occluded catheter port per Administration of t-PA for Access Device Obstruction policy.

**Select one:** ☐ No Heparin (unfractionated) following t-PA infusion

☐ Heparin (unfractionated) – administer through occluded port after t-PA infusion complete

Bolus \_\_\_\_\_ units (usual 0-5000 units)

Drip \_\_\_\_\_ units/hr (usual 800-1200 units/hr)

Duration \_\_\_\_\_ hours (usual 12-24 hours)

**Select one:** ☐ Do not TITRATE HEPARIN

☐ TITRATE according to Heparin (unfractionated) dosing for Cardiovascular Disease.

Physician Signature

Date

Time

Notify physician of any bleeding problems  
Apply pressure dressing to all puncture sites.  
Avoid all arterial punctures and intramuscular injections, if possible.  
Hourly assessment of neurologic status. Notify physician of any change.

Avoid all unnecessary vascular punctures  
Type and screen if not already done.  
Hourly circumference measurement of affected extremity. Notify physician of any increase in size.

**Original copy on chart**