Conway	Medical	Center
Conway	, South Ca	arolina

Physician's Orders IV reteplase (Retavase) (ICU/ER/Cath Lab only)

Center Patient Admission Label Here

	(100) 111, Gath				
	of drug identical in form ay be dispensed unless Allergie	5:			
Drug Information	Reteplase is a recombinant plasminogen activator which catalyzes the cleavage of endogenous plasminogen to generate plasmin. Plasmin in turn degrades the fibrin matrix of the thrombus, thereby exerting its thrombolytic action. Pharmacokinetics: Half-Life: 13-16 min Onset: Coronary thrombolysis occurs in 30 min, reaches peak response at 30-90 min				
Indications	 Ischemic symptoms less than 12 hours Ongoing ischemia 12-24 hours and a large area of myocardium at risk or hemodynamic instability Not for ST depression except if true posterior (inferobasal) MI is suspected or when associated with ST elevation in lead aVR 				
Risk Assessment (To be completed by physician)	Yes No Known intracrani Yes No Active bleeding of Yes No Active bleeding of Yes No Significant closed Yes No Severe uncontrol Yes No Intracranial or integration Yes No Streptokinase, proceeding of Yes No Oral anticoagular Yes No Known bleeding of Yes No Recent (within 2 Yes No Active peptic ulce Yes No Dementia Yes No History of prior is Yes No Significant hyper Yes No History of chronice	gic (at any time) troke within 3 months EXCEPT acute isched all neoplasm, AV malformation, or aneurys or bleeding diathesis (excluding menses) (known or suspected) head or facial trauma within 3 months led hypertension (unresponsive to emerge craspinal surgery within 2 months ior treatment within previous 6 months st therapy diathesis (primary or secondary) are vascular punctures to 4 weeks) internal bleeding er onged (>10 minutes) CPR	ency therapy) or DBP >110mm Hg)		
Pre-Treatment	one dedicated to blood	☐ Troponin ☐ PT/PTT ☐ UA RBCs for possible transfusion reteplase rt 3 large bore IV's if possible	ng solutions through this line		

Conway	Medica	al Center
Conway	, South	Carolina

Physician's Orders IV reteplase (Retavase) (ICU/ER/Cath Lab only)

Center Patient Admission Label Here

	☐ ASA 324mg chewed STAT then 81mg ASA Oral Daily unless allergic ☐ ≤75 years Clopidogrel 300mg STAT PO then 75mg PO daily ☐ >75 years Clopidogrel 75mg STAT PO then 75mg PO daily
Medications	Enoxaparin
	Heparin Heparin bolus and Initial IV infusion per cardiac protocol to reach goal PTT of for 48 hours or until revascularization Metoprolol 5 mg IV over 5 minutes up to 3 doses (total 15 mg) Metoprolol 25 mg Oral q 12 hours if not contraindicated Use with caution if Bp <100/60 or pulse <70 or patients with COPD or asthma Nitroglycerine 0.4 mg SL, may repeat q 5-10 minutes x 3 doses for chest pain Nitroglycerine drip per protocol for chest pain NTG contraindicated if recent (24-48 hours) use of phosphodiesterase inhibitor Use with caution in right ventricular MI

Conway Medical Center Conway, South Carolina

Physician's Orders IV reteplase (Retavase) (ICU/ER/Cath Lab only)

Center Patient Admission Label Here

	Mix as directed with diluent provided in			
	Administer within 30 minutes of arrival	if when anticipated FMC to d	evice >120 minutes	
	☐ Administer reteplase 10 units IV bolu	us over 2 minutes		
Retavase				
	THEN in 30 minutes			
	☐ Administer second dose reteplase 10	units IV holus over 2 minute	ac	
	(Total cumulative dose of 20 units)			
		-	-	
	☐ Continuous ECG monitoring			
	Post reteplase Vitals every 15 minute every 4 hours x 24 hours (do NOT	es x 2; q 30 minutes x 2; q 1 use automatic Bp cuff)	hour x3; then minimum	
Monitoring	Neuro checks every 15 minutes x 2; 4hours x 24 hours	q 30 minutes x 2; q 1hour x	x3; then minimum every	
	☐ 12 lead EKG 90 minutes after dose t	time		
	2 12 lead EKG 4 hours after dose			
		e of chest pain		
Nursing	 Avoid all unnecessary vascular or arterial punctures and IM injections Report to the physician any changes in heart rhythm, vital signs, neuro checks, bleeding, recurring or worsening chest pain, new ST segment changes, pain in back or legs, headache, or any other concerns regarding the patient Use pressure dressings for all puncture sites Provide Care Notes to patient/family and review with them Oozing at IV sites can be expected Do not give any IM injections 			
Guidelines	Consider the following: Stable patients should be transferred within 3-24 hours for angiography and revascularization Urgent transfer for PCI for patients with evidence of failed reperfusion or re-occlusion Immediate transfer for cardiogenic shock or acute severe heart failure			
		, ,		
Physician's Si	gnature		Time	
Nurse 1		Nurse 2		
. /				
Date	Time		Time	