Indications:

- Alteplase (tPA) is a drug used to break down clots. tPA is used in patient experiencing acute ischemic strokes, with an onset of less than 4.5 hours. In EMS, this drug is most often encountered in stroke patients who are being transferred from a Primary Stroke Center to a higher level of care at a Comprehensive Stroke Center.

Contraindications:

- When to discontinue tPA infusion during transport:
    - Acute worsening of neurological condition
    - Acute onset of severe headache
    - Acute and significant increase in Blood Pressure
    - Acute onset of Nausea and Vomiting that provider suspects may be suggestive of intracerebral hemorrhage
    - Acute onset of angioedema

Equipment:

- IV Pump

Procedure:

- Perform baseline neurological exam
- Perform baseline vital signs
- Verify with transferring facility the total dose to be administered and time left on infusion
- Keep head of bed elevated at 30 degrees unless otherwise stated by transferring facility
- Monitor and document vital signs every 15 minutes
- Reassess and document neurological exam every 15 minutes
- Maintain Systolic BP below 185 mmHg and Diastolic BP less than 110 mmHg
    - If patient is already on antihypertensive infusion, adjust that dose within the preset range (set by transferring facility prior to beginning transport)
    - If patient is not on antihypertensive infusion, administer IV push of Labetalol per Clinical Guideline AM-04 Stroke/CVA

Considerations:

- An intracerebral hemorrhage may develop in approximately 3% of patients who receive tPA. It is vital that the patient is closely monitored (vital signs and neurological exams) to evaluate for acute deterioration that may be indicative of an intracranial hemorrhage. If the provider has a high suspicion of an intracerebral hemorrhage, the tPA may be discontinued. If the tPA is discontinued, notify the receiving facility of the changes as soon as possible.