

The Post-Thrombolysis Care Checklist has been developed to help healthcare professionals monitor and manage acute stroke patients who had recently received thrombolysis treatment. This checklist follows an order set format and contains actionable recommendations pertaining to key aspects of post-thrombolysis care. This checklist is intended to be completed by the medical team in the hyperacute/inpatient care setting. The specific actions described in the checklist can be further adapted to be implemented locally as standardized patient order set.

Thrombolysis Administration and Monitoring

ATPA total dose: ____ kg X 0.9mg/kg = ____ mg (max. dose 90mg). Bolus (10%) dose: ____ mg.
 TPA bolus time: ____/____/____ at ____:____ IV push over 1 minute.
 TPA infusion start time: ____/____/____ at ____:____ infusion over 1 hour.

Post-TPA Monitoring

- ☐ Blood pressure (BP), Heart rate, Respiratory rate, O2 saturation, Temperature, Serial Neurological Exam (Canadian Neurological Scale or NIHSS)
 - Q 15minutes X 2 hours, then.
 - Q 30minutes X 2 hours, then.
 - Q 60minutes X 20 hours, then reassess by medical team.
- ☐ Notify medical team STAT if decreased level of consciousness, sudden headache or vomiting, or deterioration in neurological status (decrease in NIHSS by 2 point or more, or CNS by 1 point or more).
- ☐ Target systolic blood pressure greater than 110 and less than 180, diastolic blood pressure less than 105 (standard post TPA parameter).
- ☐ Target systolic blood pressure greater than 110 and less than 160 (consider if at risk for reperfusion haemorrhage, e.g. after EVT with successful recanalization).
- ☐ If BP above target, notify medical team and consider:
 - IV labetalol 1mg/ml in normal saline continuous infusion at 0.125 to 3mg/min (first-line).
 - IV hydralazine 10-20mg Q6H (second-line).
 - IV enalapril 1.25mg Q6H (third-line).
- ☐ Capillary blood glucose by glucometer £ q4h or £ Other: ____ . Notify MD if less than 4 mmol/L or greater than 10 mmol/L.
- ☐ Examine tongue for angioedema and notify medical team if evidence of swelling.
 Consider treatment with IV diphenhydramine, steroid and ranitidine.
- ☐ Bleeding precautions at the puncture sites and monitor for bleeding in urine and stool.
 Notify medical team for evidence of bleeding.

Diet, Activities and Supportive Management

Diet

☐ NPO until swallowing screening assessment.

- If passed, ☐ Full regular diet OR ☐ Full diabetic diet OR ☐ _____.

- If failed, keep NPO and Speech Language Pathologist referral. Consider maintenance fluid of normal saline IV at _____ ml/hr while NPO.

- Medication administration modifications ☐ Whole pills with puree ☐ Crush pills in puree.

☐ NG Tube Insertion.

Activities

☐ Activities as tolerated (applicable to most patients unless medically unstable or with arterial puncture).

☐ Activity as tolerated with restrictions. Specify restrictions: _____.

Supportive Management

☐ Administer O2 via nasal prongs or face mask to maintain O2 saturation > ☐ 92% OR ☐ ____%.

☐ Maintain normothermia. If temperature > 37.5, treat fever with cooling and acetaminophen 325-650mg po/PR Q4-6H PRN (max. dose 4g/day).

☐ Avoid urinary catheter. Assess post void residual Q8H X2 (after voiding attempt or wet incontinence brief). May use intermittent catheter if residual volume greater than 350 cc and notify medical team.

☐ Avoid IM injections. Caution arterial puncture, intermittent catheterization, NG tube placement. Avoid these procedures during and for 2h post tPA if possible.

☐ Avoid sedatives and narcotics that may affect neurological exam.

☐ Routine oral care of stroke patients to include Mouth care bid or q____h.

☐ For patients NPO: Mouth care TID using unit oral care products and clean mouth with toothette soaked in water q1-4h prn to maintain hydration.

Etiological Investigations

☐ 24 hours post tPA CT brain at ____:____, ____/____/____.

☐ CBC, hemoglobin A1c, fasting blood glucose, lipid panel, creatinine and electrolytes.

☐ Transthoracic echocardiogram ☐ with bubble study (consider in patients <60 yo or embolic stroke of unknown source).

☐ Daily ECG X 3 or until Holter monitor (minimum 24 hours Holter duration).

Additional Investigations (Select if appropriate)

- ☐ CT angiogram arch to vertex (if not completed during code stroke).
- ☐ MRI Brain.
- ☐ MR Angiogram OR ☐ MRA Dissection Protocol OR P MRA Vessel Wall.
- ☐ Diagnostic catheter angiogram.
- ☐ Transesophageal echocardiogram.
- ☐ Prolonged Holter monitor ☐ 14 day ☐ 30 day ☐ Other:_____.
- ☐ Antiphospholipid antibodies (lupus anticoagulant, anticardiolipin antibody and beta-2 glycoprotein).
- ☐ ANA, ANCA, ESR, CRP, rheumatoid factor, complement levels.
- ☐ Toxicology screen.
- ☐ Chest, abdomen and pelvis CT to screen for malignancy.

Medications

- ☐ Home medications should be reviewed and restarted if necessary.
- ☐ Consider alternative route of administration if patient is NPO.
- ☐ No antiplatelet or anticoagulants (including VTE prophylaxis) for 24 hours after tPA. Reassess after 24 hours CT brain to initiate either pharmacological VTE prophylaxis or serial compression device.

Analgesics

Acetaminophen 500-1000 mg PO Q4H prn for pain/fever.

Acetaminophen 325-650 mg PR Q4H prn for pain/fever.

Bowel Routine

Polyethylene Glycol (PEG) 17 g PO ☐ Daily ☐ Daily PRN for constipation.

Sennosides 17.2 mg PO ☐ Nightly ☐ Nightly PRN for constipation.

Lactulose 30 ml PO ☐ Daily ☐ Daily PRN for constipation.

Bisacodyl 10mg PR ☐ Daily ☐ Daily PRN for constipation.

Glycerin suppository PR Q2days PRN for constipation.

Nicotine Replacement Therapy (NRT)

Nicotine Patch: Dose and duration to be titrated based on patient's needs.

Short-Acting NRT PRN: ☐ Gum or ☐ Inhaler.

Rehabilitation Assessment and Referrals

Consider referrals for rehabilitation assessment when patient is medically stable and appropriate, ideally within 48 hours of admission.

- ☐ Physiotherapy
- ☐ Occupational therapy
- ☐ Speech language pathology
- ☐ Dietician
- ☐ Social work

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