

THE UNIVERSITY OF KANSAS HOSPITAL

3901 Rainbow Boulevard
Kansas City, Kansas 66160

**ALTEPLASE (rt-PA)
FREQUENT MONITORING
FLOWSHEET**

Do not write in this box



Name: _____

DOB: _____

MR#: _____

DOOR TO NEEDLE GOAL = 60 MINUTES

Calculate the alteplase (rt-PA) dosage as follows:

Patient's weight (estimate is acceptable to prevent delay) is _____ kg multiply by X 0.9 mg/kg = _____ mg **Total dose** (round up to the nearest tenth)

IV tPA dosage calculation performed by _____ Time: _____

Co-signer required to verify alteplase(rt-PA) dosage calculation accuracy _____ Time: _____

10% of total dose = _____ mg for bolus

Give IV BOLUS OVER ONE MINUTE Time given: _____

Given by: _____ Given in: ED ICU Other location: _____

Reason for delay if any: Verification of time of onset Lab result pending Imaging results pending Not clear stroke etiology

Family/witness not available Other _____

Remainder of infusion in dedicated IV line over one hour

Mg remaining in dosage: _____ mg in _____ mL

Time infusion started: _____ Rate _____ mL/hr

*******TOTAL PATIENT ALTEPLASE DOSE NOT TO EXCEED 90 MG*******

Infusion completed (date): _____ (time): _____

Time	BP	BP Method	HR	RR	SpO2/ O2	LOC	Eye Opening	Verbal	Motor	L/R Pupil Size	Angio Edema	Comments	Initials

LEGEND:

Loss of Consciousness: 1=Alert 2=Lethargic 3=Obtunded 4=Stuporous 5=Comatose 6=Sedated	Eye Opening: 4=Spontaneous 3=Speech 2=Pain 1=None	Verbal: 5=Oriented 4=Confused 3=Inappropriate words 2= Incomprehensible sounds 1=No response	Motor: 6=Obeys commands 5=Localizes pain 4=Withdraws from pain 3=Flexion to pain 2=Extension to pain 1=None	Angioedema: + = Tongue swelling - = No tongue swelling
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Initials: _____ Signature: _____ Initials: _____ Signature: _____

DATE _____

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