**ED & CCU Post tPA monitoring**

Patient Sticker

(not part of the medical record)

tPA total dose: \_\_\_\_\_\_\_\_\_\_\_

tPA bolus start time: \_\_\_\_\_\_\_ bolus dose: \_\_\_\_\_\_\_ ml *(infuse over1 min)*

tPA drip start time: \_\_\_\_\_\_\_\_ drip rate: \_\_\_\_\_\_\_\_ml/hr *(infuse over 1 hour)*

Expected completion time: \_\_\_\_\_\_\_\_

Full NIHSS documented in ED and upon admission to Critical Care

Initial Modified NIH score: \_\_\_\_\_\_\_\_\_\_\_

 *Stop drip and notify physician if score goes up or for worsening symptoms*

**q 15 min vital signs and NIH post tPA exam x 8 (2 hours):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Fill in times*  | tPA Bolus Start time\*: \_\_\_:\_\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ |
| B/P done |  |  |  |  |  |  |  |  |  |
| ModifiedNIH ScaleScore done |  |  |  |  |  |  |  |  |  |

\**make sure you document vital signs and post tPA exam the moment you start your bolus*

**Q 30 min x 12 (6 hours)**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Fill In Times*  | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ |
| B/P done |  |  |  |  |  |  |  |  |  |  |  |  |
| ModifiedNIH ScaleScore done |  |  |  |  |  |  |  |  |  |  |  |  |

**Q 1 hr for 16 hours**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Fill in Times*  | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ |
| B/P done |  |  |  |  |  |  |  |  |  |  |  |  |
| ModifiedNIH ScaleScore done |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fill In Times  | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ | \_\_:\_\_ |
| B/P done |  |  |  |  |
| ModifiedNIH ScaleScore done |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ED RN Signature CCU RN Signature

*Fax form to Brenda Bishop at* ***931-380-4105*** *upon completion or if ED only patient – place in Brenda’s box*