



Patient Name: _____

Date of Birth: _____

PHYO
CMC84520-001NS Rev. 11/2020

Alteplase - Therapy Plan

BASELINE PATIENT DEMOGRAPHIC

To be completed by the ordering provider.

NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

Height and weight

Vital signs

NURSING ORDERS

Please select all appropriate therapy

PORT ACCESS NURSING ORDERS

lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, intradermal, PRN

- when immediate procedure needed
- when procedure will take about 1 minute
- patient/family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

- when more than 60 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Administrations Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- when anticipated pain is less than 5 mm from skin surface
- patient/family preference for procedure

lidocaine with transparent dressing 4% kit

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure



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CMC84520-001NS Rev. 11/2020**Alteplase - Therapy Plan****ORDERS TO BE COMPLETED FOR EACH THERAPY****NURSING ORDERS, CONTINUED**

Please select all appropriate therapy

 heparin flush

- 10 - 50 units, INTRAVENOUS, PRN, IV line flush
- Per protocol, heparin should not be used to flush peripheral IVs

Administration Instructions: This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

 Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

 Sodium chloride - pres free 0.9% injection vial

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

INTRA-PROCEDURE **heparin flush**

100 - 300 units, INTRAVENOUS, ONCE PRN, IV line flush

Administration Instructions: heparin should not be used to flush peripheral IVs. For use with IVAD only.

 Nursing communication

Alteplase order to be used only if line is occluded, sluggish or no blood return. DO NOT flush line with alteplase.

 alteplase injection

2 mg, INTRAVENOUS, ONCE PRN, line clearance Reconstitute vial with 2.2 mL sterile water for injection. Resultant solution is 2 mg / 2.2 mL.

Please select a reason for the administration of alteplase:

- sluggish line
- occluded line
- no blood return from line
- documented fibrin sheath
- other: _____

Therapy appointment request**Please select department for the therapy appointment request:**

Expires in 365 days

- Dallas Special Procedures
- Plano Infusion Center
- Dallas Allergy
- Dallas Transplant
- Dallas Neurology

POST - PROCEDURE **Nursing communication**

Flush PIV or IVAD with 10 - 20 mL 0.9% sodium chloride at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.

 Sodium chloride flush 0.9%

10 - 20 mL, INTRAVENOUS, PRN, IV line flush

Dose: _____(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider

Key: cm = centimeter; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; PIV = peripheral intravenous; PRN = as needed