## **DEMCA**

## **System Protocols**

## TISSUE PLASMINOGEN ACTIVATOR (tPA)

Initial Date: 11/1/2021 Revised Date:

Section 9-44

**Purpose:** This protocol applies to Tissue Plasminogen Activator (tPA) drips that are initiated at the transferring facility prior to transport and are not intended to allow ALS-level paramedics to initiate such treatments independently.

**Pharmacology and actions of tPA:** tPA is a thrombolytic formed by aggregation of activated platelets into fibrin meshes by activating plasminogen. tPA is an intravenous medicine given for ischemic stroke.

## Procedure:

- 1. Prior to transport, verify that SBP < 180, DBP< 105.
- 2. If BP above limits, sending hospital should stabilize prior to transport
  - a. Patients will be considered stable when SBP is < 180, DBP< 105 after 3 cycles taken 3-5 minutes apart.
  - b. If unable to stabilize the patient, a critical care unit will be required for transport
- 3. Perform and record the Cincinnati Stroke Scale as per Stroke Protocols
- 4. Perform and record GCS
- 5. Continuous pulse oximetry monitoring, apply oxygen by nasal cannula or mask to maintain O2 sat > 94%
- 6. Continuous cardiac monitoring.
- 7. Call medical control if hemodynamically unstable or symptoms due to tachycardia or bradvcardia
- 8. Keep strict NPO including medications
- 9. Verify total dose and time of IV tPA infusion completed (if dose is completed prior to transfer)
- 10. If IV tPA dose administration will continue en route, verify estimated time of completion.
- 11. There should not be any excess tPA, it is calculated and mixed based on the patient's weight. If the bottle becomes empty enroute:
  - a. There is still some tPA left in the tubing which must be infused.
  - b. Remove the IV tubing connector from the tPA bottle and attach it to a newly spiked bag of 0.9% NS
  - c. Re-start the infusion.
- 12. Monitor and document vital signs and neurological assessment (GCS) q15 minutes
- 13. For any acute bleeding, worsening of neurologic condition, or if a patient develops severe headache, nausea, or vomiting (suggestive of intracerebral hemorrhage):
  - a. Discontinue tPA infusion (if still being administered)
  - b. Call medical control for further instructions including decision to divert to nearest hospital

MCA Name: DEMCA

MCA Board Approval Date: 9/21/21 MCA Implementation Date:11/1/2021 Protocol Source/References: