

Guidelines for the Administration of rtPA for the Treatment of Acute Ischemic Stroke

(2007 AHA/ASA Guidelines for the Management of Adults with Acute Ischemic Stroke)

1. Infuse 0.9mg/kg (**maximum dose 90mg**) over 60 minutes with 10% of the dose given as a bolus over 1 (one) minute.
2. Admit the patient to an intensive care unit for monitoring.
3. Perform neurological assessments every 15 minutes every 2 hours and every 30 minutes for the next 6 hours, then hourly until 24 hours after treatment.
4. If patient develops severe headache, acute hypertension, nausea, or vomiting, discontinue the infusion (if rtPA is being administered) and obtain emergency CT scan.
5. Vital signs every 15 minutes for the first 2 hours and subsequently every 30 minutes for the next 6 hours, then hourly until 24 hours after treatment.
6. Increase the frequency of blood pressure measurements if a systolic blood pressure is ≥ 185 mmHg or if a diastolic blood pressure is ≥ 105 mmHg; administer antihypertensive medications to maintain blood pressure at or below these levels. Labetalol if not sufficient begin Cardene.
7. Obtain a follow-up CT scan at 24 hours before starting anticoagulants or antiplatelet agents.