THROMBOLYTIC ADMINISTRATION FOR ACUTE MI

START ACUTE MI CLINICAL PATHWAY

1. Cardiac Monitor
2. Oxygen - 4 liters / minute by nasal cannula
3. Portable X-Ray - STAT
4. Peripheral Lines x 3 (Heparin Locks) - NO FILTERED TUBING
5. STAT Labs - type & screen; CKO; Fibrinogen; PT/APTT; Platelets; CCP; CBC
6. Administer aspirin 325 mg p.o.
7. Manual blood pressure readings every 15 min during thrombolytic administration
8. Start Heparin therapy at the beginning of thrombolytic therapy
9. Heparin Infusion: 10,000 units / 250 ml NS
   - Start Heparin protocol, or;
   - Bolus with 5000 units Heparin IVP and start infusion at 1000 units / hour
10. Nitroglycerine drip 50 mgs in 250 ml D5W at ___________ ml / hour
11. Administer thrombolytic:
   - RETAVASE > Reconstitute with sterile water supplied (DO NOT SHAKE / SWIRL)
     10 units IV push over 2 minutes; then second dosage. 10 units IV push over 2 minutes; in 30 minutes.
     FLUSH line with normal saline
   - TPA > Reconstitute 100 mg of rTPA with 100ml sterile water supplied with rTPA. DO NOT SHAKE BOTTLE.
     Patients ≥ 70kg (155lb) - 15mg IV push over 2 mins, then 50mg IV drip over 30 mins; then 35 mg IV drop over 60 min. Flush line with NS to complete dose.
     Patients < 70kg (155lb) - 15mg IV push over 2 mins, then 0.75 mg / kg IV drip over 30 mins; then 0.5 mg / kg IV drip over 60 mins. Flush line with NS to complete dose.
12. 12 lead EKG every 15 min during infusion; then every 4 hrs x 2; then every day
13. If no contraindications (bradycardia, hypotension, heart block) administer:
   - OPTION 1 > Tenormin (atenolol) 5mg IV over 5 min. In 10 min. Repeat. Tenormin 5mg IV over 3 min. Ten (10) mins, after 2nd dose. Start Tenormin 50mg p.o. every day.
   - OPTION 2 > Lopressor 5mg IV over 5 min. Repeat in 10 min x 2 for a total of 15 mg IV.

POST THROMBOLYTIC ORDERS

1. Compress all puncture sites for 30 min, followed by pressure dressing.
2. PT / APTT every 6 hours and then every day after 2 consecutive APTT levels.
   - CK6, CK12 Fibrinogen level every day x 2.
3. Bedrest for 24 hours.

Doctor's Signature ____________________________, MD Date __________
Nurse's Signature / Title ____________________________ Date __________