



## CODE BAT t-PA (alteplase) ADMINISTRATION TIME OUT

<b>PRE TPA ADMINISTRATION VERIFICATION</b>	DATE: _____	TIME: _____
Prior to TPA administration, a time-out was performed wherein the team agreed verbally that:		
• The patient was correctly identified (patient's name and DOB are stated)		<input type="checkbox"/> Yes
• A MEASURED weight has been obtained _____ kg		<input type="checkbox"/> Yes
• The correct medication is ordered		<input type="checkbox"/> Yes
• Safety precautions based on patient history or medication use are in place		<input type="checkbox"/> Yes
• TPA criteria has been met and maximum dosages identified		<input type="checkbox"/> Yes
<b>RN VERIFICATION</b>		<input type="checkbox"/> Yes
<ul style="list-style-type: none"> <li>That the bolus and infusion doses are accurate</li> </ul> DOSAGE: 0.9mg/kg (not to exceed 90mg total dose) infused over 60 minutes with 10% of the total administered as an initial IV bolus over one minute.		
<b>CALCULATION:</b>		
1. TOTAL DOSE: Take weight in kilograms _____ kg x 0.9mg/kg= _____ mg (REMINDER maximum is 90 mg)		
2. WASTE DOSE: <u>100 mg</u> Vial of TPA - TOTAL DOSE _____ mg= _____ mg (DISCARD this amount)		
3. BOLUS DOSE: TOTAL DOSE _____ mg x 0.1 = _____ mg IVP over one minute		
4. INFUSION DOSE: The remainder of the balance is to be infused over one hour _____ mg		
<b>Ordered DOSE:</b> Bolus _____ mg Infusion _____ mg		
Provider's Signature: _____ ID# _____ Date: _____ Time: _____		
Verifier #1 Signature: _____ ID# _____ Date: _____ Time: _____		
Verifier #2 Co-Signature: _____ ID# _____ Date: _____ Time: _____		
<b>Required documentation during and post TPA ADMINISTRATION</b>		
Vital Signs with MAP and Neuro Checks at the assigned intervals including during transports and testing		
• Every 15 minutes x 2 hours	Start _____	End _____
• Every 30 minutes x 6 hours	Start _____	End _____
• Every Hour x 16 hours	Start _____	End _____
Signature: _____ ID# _____ Date _____ Time _____		