

HEMS
MEDICATION SECTION
TISSUE PLASMINOGEN ACTIVATOR (tPA)

Date: December 9, 2021

Section: 9-49

Purpose: This protocol applies to Tissue Plasminogen Activator (tPA) drips that are initiated at the transferring facility and may be *continued* during transport by an ALS unit staffed with a Paramedic current with Expanded Scope of Practice training. This treatment is not to be initiated by the Expanded Scope of Practice Trained paramedic 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 bradycardia
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 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 Activase 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 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

****NOT IN MEDICATION BOX**

MCA Name: HEMS, Inc. (WW/DR)
MCA Board Approval Date: 2/8/2024
MCA Implementation Date: 3/1/2024
MDHHS Approval: