

Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes # DAHS-NGNTNK21

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Name: _____ **Employee ID#:** _____

Unit: _____ **Title:** _____

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

References:

[UC Davis Health Clinical Policy 15019 Acute Management of Ischemic Stroke](#)

	Date Completed	Verifier Initials
States the "golden hour" for evaluating and treating acute stroke and the time frame for starting thrombolytic (TNK or tPA) administration with eligible patients.		
Identifies when the patient was last seen without stroke symptoms.		
Ensures a thorough assessment, including a complete history and physical examination, and ensured that a non-contrast head CT scan or other appropriate radiographic study was performed and interpreted		
Assesses the patient for specific contraindications prior to receiving thrombolytic therapy and advise the practitioner accordingly.		
Assesses blood glucose and treated hypoglycemia if present.		
Articulates when and where to obtain a consent form for thrombolytic therapy if requested by MD.		
Provides routine stroke care as prescribed		
Establishes two IV access sites when indicated		
Establishes continuous cardiac monitoring		
Demonstrates proper calculation, preparation, and infusion of thrombolytic medication. Identifies the correct dose based on the patient's weight. Ensures that the total dose does not exceed maximum parameters.		
States importance of and frequency of vital signs, neurological checks, and other assessments BEFORE, DURING and POST infusion of thrombolytic medication.		
Institutes fibrinolytic bleeding precautions and verbalizes what actions to take if adverse reaction(s) noted (neurological changes, BP, bleeding, etc.) with thrombolytic administration.		
Discusses patient/caregiver education for thrombolytic administration.		
States the most common complications encountered during thrombolytic therapy.		
States the desired systolic and diastolic BP for patients undergoing treatment for an acute ischemic stroke.		
Documents all pertinent data accurately.		

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initials:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name

Signature

Date