



QR code for mobile view

Inclusion Criteria:

- Patient undergoing thrombolysis procedure through Interventional Radiology (IR)

Patient scheduled in IR for thrombolysis procedure

Procedure Prep

Coag/HemOnc Team

Give dosing recommendations in consult note for:

- Bolus dose of alteplase/tPA
 - To be given in IR
- Continuous dose of alteplase/tPA
 - To run through catheter
- Bivalirudin **or** heparin (to run through sheath)

If procedure requires 2 catheters, enter separate order for each catheter (1/2 the dose goes into each catheter e.g., bilateral extremities)

Primary Team

- If not on Hem/Onc service, consult Coag
- Place consult to IR for thrombolysis (specify which type)
- Place continuous orders based on Coag recommendations/direction
- Order labs for pre-procedure
 - CBC, BMP, hepatic function panel, PT, PTT, fibrinogen, D-dimer

Interventional Radiology

- Review images to determine feasibility
- IR to order bolus dose of alteplase/tPA
 - Obtain bolus dose from OR Pharmacy

Procedure in IR

Sedation Procedure Process

- Sedation nurse to communicate with bedside RN to bring patient to IR and to bring continuous alteplase/tPA, heparin, **or** bivalirudin
- Sedation nurse to reduce rate of PIV heparin, **or** bivalirudin when IR begins the continuous alteplase/tPA
 - Verbal order provided by IR physician - *add dosing parameters to order comments*
 - Heparin - rate is dropped to 10 units/kg/hr
 - Bivalirudin - current dose is cut in half

If alteplase/tPA comes in a vial, flip upside down in plastic bag to suspend from IV pole and prime tubing (view link above for image of process).

Ensure air-port on tubing is open

IR Procedure Process

- Administer bolus alteplase/tPA
- Connect continuous alteplase/tPA to catheter
- Move bivalirudin **or** heparin from PIV to catheter sheath
- Provide verbal order to start

Post - Procedure

Recovery and Inpatient Stay

- Patient to recover in sedation or PICU - determined by anesthesia team
- IR completes verbal hand-off to primary team at time of transfer

Primary Team

- Order labs q 6hrs (CBC, PT, PTT, fibrinogen, D-dimer, BMP)
- Coag/HemOnc team to provide goals and transfusion parameters
- Indications to discontinue alteplase/tPA:
 - Major bleeding (hemoglobin drop by 2 g/dL in 24 hr period)
 - Bleeding requiring surgical intervention
 - Bleeding in retroperitoneal, pulmonary, or intracranial regions

Notify IR if infusion is turned off

IR

- Patient returns to IR next day for venogram (IR will determine if repeat venograms are needed)
- Possible intervention vs. catheter removal is determined and pressure dressing is applied (to remain in place for 24 hrs)

Scheduled with general anesthesia unless otherwise stated by IR