	<b>The Johns Hopkins Hospital Department of Emergency Medicine Clinical Practice Manual</b>	<b>Policy</b> Effective Date:	<b>S</b> <b>3/06</b>
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**KEY WORDS:** Stroke, CVA, Alteplase, BAT Patient

**I. POLICY**

- A. PATIENT CARE OBJECTIVE:** To ensure rapid recognition and treatment of the brain attack patient in the adult emergency department.
- B. INDICATIONS FOR USE:**
  - 1. Brain Attack patients in the AED
- C. DEFINITIONS:**
  - 1. BAT-Brain Attack


**II. RESPONSIBILITIES**

Role	Responsibilities
RN	<ul style="list-style-type: none"> <li>▪ Identifying patients at triage as potential BAT patients</li> <li>▪ Obtain BAT Packet</li> <li>▪ Obtain Blood Specimens (may be designated to Clinical Technician)</li> <li>▪ Alert CT of possible BAT patient</li> <li>▪ Ongoing physical assessment of the patient</li> </ul>
Physician	<ul style="list-style-type: none"> <li>▪ ED physician responsible for initial evaluation and notification of BAT Team</li> <li>▪ Neurology physician will order Alteplase and assume care of the patient.</li> </ul>
Pharmacy	Assist with Alteplase administration
Social Work	Work with patients family
Clinical Technician	<ul style="list-style-type: none"> <li>▪ Obtain Blood Specimens</li> <li>▪ Initiate monitor/Vital signs</li> </ul>

**III. PATIENT CARE MANAGEMENT**


**A. Initial Assessment**

- 1. Assess patients for sudden onset of stroke symptoms
  - a. Sudden onset of numbness or weakness
  - b. Sudden onset of confusion or difficulty speaking
  - c. Sudden onset of vision loss
  - d. Sudden onset of dizziness or imbalance
  - e. Sudden onset of severe headache
- 2. Establish timeline of when patient last seen intact
  - a. ≤ 8 hours patient triaged to Critical Care as Level I patient
  - b. ≥ 8 hours patient triaged to Staging Unit (SU) as a level II patient

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### B. Interventions

Initial Interventions	Secondary Interventions for Alteplase Administration
Patient with symptoms < 8 hours send to critical care  Patient with symptoms > 8 hours sent to staging Unit	Obtain patient weight for calculation of Alteplase dosage Document if it is a actual, verbal or estimated weight
BAT patients sent to critical care should be given a unassigned patient number and BAT Packet initiated	NPO
Obtain <b>blood work</b> via straight stick or butterfly ( <b>do not obtain blood from an IV catheter</b> )  Send with requisition from the BAT packet stamped with " <b>SUPER STAT</b> "	Neurologic physician calculates the Alteplase dosage to be administered to the patient <ul style="list-style-type: none"> <li>▪ Bolus dose and infusion dose is documented on the BAT order sheet.</li> </ul>
Send patient for <b>CT scan without contrast</b> after blood has been drawn utilizing requisition in BAT packet stamped with " <b>SUPER STAT</b> "	Initiate Bleeding Precautions <a href="http://www.insidehopkinsmedicine.org/icpm/PAT046bleeding.pdf">http://www.insidehopkinsmedicine.org/icpm/PAT046bleeding.pdf</a>
Place two large bore IV's (larger than 20 gauge if possible) and initiate NSS 30 cc/hr.	Administer Alteplase with infusion pump through an IV line dedicated only to Alteplase
Insert foley	NO IM injections, foley catheter insertion for 24 hours and after completion of Alteplase
Complete EKG	
Insert all catheters, nasogastric tubes, and central or arterial lines before Alteplase is administered (limit invasive procedures during and 24 hours after completion of IV Alteplase)	

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### C. Ongoing Assessment/Intervention


#### ONGOING ASSESSMENT

Assessment	Frequency/Duration		
Heart Rate	Q 15 minutes x 2 hours	Q 30 minutes x 6 hours	Then Q 1 hour x 16 hours
Blood Pressure <i>(alternate BP cuff between arms a minimum of every hour)</i>	Q 15 minutes x 2 hours	Q 30 minutes x 6 hours	Then Q 1 hour x 16 hours
Neurologic Status: <i>(Utilize Neuro check flow sheet)</i>  Level of Consciousness Pupillary response Motor Strength	Q 15 minutes x 2 hours	Q 30 minutes x 6 hours	Then Q 1 hour x 16 hours
Mucous membrane integrity and puncture sites for bleeding	Q 4 hours & PRN		
Signs of Internal bleeding: (including but not limited to)  Hematemesis Hematuria Melana Restlessness Hematoma New or worsening headache Tachycardia	Assess when completing other parameters		
Hemodynamic Compromise			

#### IV. REPORTABLE CONDITIONS

##### A. Post Alteplase administration

1. Change in mental status or neuro exam
2. SBP > 180 or DBP > 105
3. Uncontrollable bleeding
4. Allergic reaction to Alteplase
5. Hypotension SBP < 90 mmHg

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**V. DOCUMENTATION**

Critical Care flow sheet and neuro assessment flow sheet  
Thrombolytic order sheet

**VI. SUPPORTIVE INFORMATION**

**A. SEE ALSO**

1. Medication administration policy
2. Alteplase for Acute Ischemic Stroke NPOM

**B. REFERENCES**

**C. COMMUNICATION & EDUCATION**

1. Staff Orientation
2. Clinical Updates
3. Triage Orientation Class
4. Advanced Triage Class

**SPONSOR:**

Clinical Operations Committee  
Chairman Department of Emergency Medicine  
Director of Nursing Department of Emergency Medicine

**DEVELOPER:**

ED/BAT Committee  
ED Standards of Practice Committee

Review Cycle	Three (3) years Date of Review: 2009	Clinical Operations Committee	Approval Date: 3/06 Effective Date: 3/06
Clinical Director: _____ Department of Emergency Medicine  Date: _____		Assistant Director of Nursing: _____ Department of Emergency Medicine  Date: _____	