

# tPA QUICK REFERENCE SHEET

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Hospital: \_\_\_\_\_

Rater Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_



Estimated Weight (lbs)	Conversion to Kilograms (Kg)	Total IV tPA Dose (mg) at 0.9 mg/kg	tPA Bolus (mg) *10% of total*	tPA Bolus (ml)	Discard Dose tPA (Not for infusion)	Infusion Dose (mg)	Infusion Rate (ml/hr)
220+	100	90	9	9	10	81	81
210	95.5	86	8.6	8.6	14	77.4	77.4
200	90.9	81.8	8.2	8.2	18.2	73.6	73.6
190	86.4	77.8	7.8	7.8	22.2	70	70
180	81.8	73.6	7.4	7.4	26.4	66.2	66.2
170	77.3	69.6	7	7	30.4	62.6	62.6
160	72.7	65.4	6.5	6.5	34.6	58.9	58.9
150	68.2	61.4	6.1	6.1	38.6	55.3	55.3
140	63.6	57.2	5.7	5.7	42.8	51.2	51.2
130	59.1	53.2	5.3	5.3	46.8	47.9	47.9
120	54.5	49.1	4.9	4.9	50.9	44.2	44.2
110	50	45	4.5	4.5	55	40.5	40.5
100	45.5	41	4.1	4.1	59	36.9	36.9

1. Obtain patient weight.
2. Verify inclusion/exclusion criteria and discuss plan with patient and/or family. Obtain consent if possible. Do not delay treatment in absence of consent.
3. Verify that administration will start within 4.5 hours of symptom onset or time last known well
4. Usual Dosage range and route:
  - 0.9 mg/kg to a maximum of 90 mg
    - First 10% of calculated dose as intravenous bolus dose
    - Remaining 90% of calculated dose given as infusion over 1 hour
4. Document neurologic assessment findings at least hour or more frequently if neurologic changes occur.
5. If the patient's neurologic status declines during tPA infusion the following actions should be taken:
  - Stop the infusion
  - Draw and send PT/PTT
  - Obtain emergent CT