

MUSC Telestroke Recommendations: IV Alteplase (tPA) Blood Pressure Management

Pre Bolus Alteplase (tPA): Goal BP: Systolic < 185 mm Hg and Diastolic <110 mm Hg

Labetalol: 10mg IV initially over 2 minutes, if goal not met in 10 minutes give 20mg. If goal not met within 10 minutes, proceed to Nicardipine infusion. Contraindications – bradycardia < 55 or history of asthma or COPD.

Or - if beta-blockers contraindicated or HR <60bpm:

Hydralazine: 10 mg IV x1 over 2 minutes, if goal not met within 10 minutes, proceed to Nicardipine infusion.

Nicardipine (Cardene) infusion: 5-15 mg/hr. Initiate infusion at 5mg/hr and titrate to goal SBP by increasing 2.5mg/hr every 5 minutes to max of 15mg/hr. (Mix drug in NS)

IV Alteplase (tPA) - BP Guidelines during and after administration

Goal BP: Systolic <180 mm Hg or diastolic < 105 mm Hg

BP and Neuro check guidelines during and post tPA

Q 15 min X 2 hrs

Q 30 min X 6 hrs

Q 1 hr X 16 hrs

Labetalol 10 mg IVP over 2 minutes may repeat every 10-20 minutes, maximum dose 300 mg in 24 hr.

Or

Labetalol 10 mg IV followed by an infusion at 0.5-3 mg/minute

Or

Nicardipine infusions, 5-15 mg/hr, titrate up to desired effect by increasing 2.5 mg/hr every 5 minutes to a maximum of 15 mg/hr. The rate of infusion should be adjusted as needed to maintain desired response.

When to stop IV Alteplase (tPA) infusion

Sudden HA

Nausea and vomiting

Significant BP change - Hypo or hypertensive

Sudden neurologic deterioration

Angioedema – Signs and symptoms include swelling around mouth, throat or tongue. Itchy skin hives or increased respiratory effort.

Give Solumedrol 125 mg and Benadryl 25 mg IV

Monitor airway patency

Do not restart Alteplase (tPA)

Notify MUSC Telestroke team

