FOR YOUR ACUTE ISCHEMIC STROKE PATIENTS

The first 24 hours are critical when Activase® (alteplase) is administered[1-3]

Close observation and frequent monitoring of patients for neurological changes, any signs/symptoms of intracranial hemorrhage, and any signs of adverse drug reactions are important during patient recovery.

Consider using the Activase therapy checklist as a guide in tracking your patients' recovery

DURING ALTEPLASE THERAPY

☐ **Perform neurological assessments[1,2]***

The use of a stroke rating scale, preferably the NIHSS, is recommended.

- Repeat every 15 minutes during the 1-hour infusion to monitor for neurological deterioration

☐ **Check for major and/or minor bleeding**

All body secretions should be tested for occult blood.[3]

- Major bleeding: intracranial, retroperitoneal, gastrointestinal, or genitourinary hemorrhages[2]
- Minor bleeding: gums, venipuncture sites, hematuria, hemoptysis, skin hematomas, or ecchymosis[2]
- Arterial and venous punctures should be minimized and checked frequently[3,4]

☐ **Monitor blood pressure** every 15 minutes during the 1-hour infusion[1,4]*

- Once intravenous alteplase is given, the blood pressure must be maintained below 180/105 mm Hg to limit the risk of ICH[1]
- Administer antihypertensive medications to maintain blood pressure at or below these levels[1]*

☐ **Discontinue infusion and obtain an emergency CT scan** if the patient develops severe headache, acute hypertension, nausea, or vomiting; or has a worsening neurologic examination[1]*

☐ **Monitor for signs of hypersensitivity[4]**

If signs of hypersensitivity occur, such as an anaphylactoid reaction or development of angiodema, discontinue the Activase infusion and promptly institute therapy.

POST ALTEPLASE THERAPY

☐ **Continue to monitor for neurological deterioration[1,2]***

- Every 15 minutes for the first hour after the infusion is stopped
- Every 30 minutes for the next 6 hours
- Hourly from the eighth postinfusion hour until 24 hours after the infusion is stopped

☐ **Continue to check for major and/or minor bleeding[2]**

☐ **Continue to monitor and control blood pressure[1,2]***

- Every 15 minutes for the first hour after the infusion is stopped
- Every 30 minutes for the next 6 hours
- Hourly from the eighth postinfusion hour until 24 hours after the infusion is stopped

☐ **Obtain a follow-up CT scan or MRI** at 24 hours before starting anticoagulants or antiplatelet agents[1]*

☐ **Continue to monitor for signs of hypersensitivity[4]**

*Adapted from the American Heart Association/American Stroke Association (AHA/ASA).[1]

Note: Each of these guidelines or policy statements represents only one possible approach to the treatment of eligible acute ischemic stroke patients. Each healthcare provider and institution will need to exercise professional judgment in creating or adopting treatment protocols or guidelines, as well as in the treatment of each individual patient.

CT=computed tomography; ICH=intracranial hemorrhage; MRI=magnetic resonance imaging; NIHSS=National Institutes of Health Stroke Scale.

If any complications occur, immediately inform the attending physician

Indication

Activase is indicated for the treatment of acute ischemic stroke. Exclude intracranial hemorrhage as the primary cause of stroke signs and symptoms prior to initiation of treatment. Initiate treatment as soon as possible but within 3 hours after symptom onset.

Important Safety Information

Contraindications

Do not administer Activase to treat acute ischemic stroke in the following situations in which the risk of bleeding is greater than the potential benefit: current intracranial hemorrhage (ICH); subarachnoid hemorrhage; active internal bleeding; recent (within 3 months) intracranial or intraspinal surgery or serious head trauma; presence of intracranial conditions that may increase the risk of bleeding (e.g., some neoplasms, arteriovenous malformations, or aneurysms); bleeding diathesis; and current severe uncontrolled hypertension.

References: 1. Powers WJ, Rabinstein AA, Ackerson T, et al. 2018 guidelines for the early management of patients with acute ischemic stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2018;49:e46-e110. **2.** Summers D, Leonard A, Wentworth D, et al. Comprehensive overview of nursing and interdisciplinary care of the acute ischemic stroke patient: a scientific statement from the American Heart Association. *Stroke*. 2009;40:2911-2944. **3.** American Association of Neuroscience Nurses. *Guide to the Care of the Hospitalized Patient with Ischemic Stroke*. 2nd ed. Glenview, IL: American Association of Neuroscience Nurses; 2009. **4.** Activase [prescribing information]. South San Francisco, CA: Genentech, Inc; 2018.

Please see select Important Safety Information and the full Prescribing Information below.

Activase® (alteplase) therapy checklist[1,2]

Perform neurological assessments

Every 15 minutes for the first 2 hours after start of infusion								
Minutes	15	30	45	60	75	90	105	120
Chart time								
Neurological score								

Every 30 minutes for the next 6 hours after infusion												
Minutes	150	180	210	240	270	300	330	360	390	420	450	480
Chart time												
Neurological score												

Hourly from the eighth postinfusion hour until 24 hours after infusion																
Hours	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Chart time																
Neurological score																

Monitor blood pressure (BP)

Every 15 minutes for the first 2 hours after start of infusion								
Minutes	15	30	45	60	75	90	105	120
Chart time								
BP								

Every 30 minutes for the next 6 hours after infusion												
Minutes	150	180	210	240	270	300	330	360	390	420	450	480
Chart time												
BP												

Hourly from the eighth postinfusion hour until 24 hours after infusion																
Hours	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Chart time																
BP																

Important Safety Information

Warnings and Precautions

Bleeding

Activase can cause significant, and sometimes fatal internal or external bleeding. Avoid intramuscular injections and trauma to the patient. Perform venipunctures carefully and only as required. Fatal cases of hemorrhage associated with traumatic intubation in patients administered Activase have been reported. Heparin, aspirin, or Activase may cause bleeding complications; therefore carefully monitor for bleeding. If serious bleeding occurs, terminate the Activase infusion and treat appropriately.

Hypersensitivity

Hypersensitivity, including urticarial / anaphylactic reactions have been reported. Rare fatal outcome for hypersensitivity was reported. Angioedema has been observed during and up to 2 hours after Activase infusion in patients treated for acute ischemic stroke and acute myocardial infarction. In many cases, patients received concomitant angiotensin converting enzyme inhibitors. Monitor patients during and for several hours after infusion for hypersensitivity. If signs of hypersensitivity occur, e.g. anaphylactoid reaction or angioedema develops, discontinue Activase and promptly institute appropriate therapy (e.g., antihistamines, intravenous corticosteroids, epinephrine).

Thromboembolism

The use of thrombolytics can increase the risk of thrombo-embolic events in patients with high likelihood of left heart thrombus, such as patients with mitral stenosis or atrial fibrillation. Activase has not been shown to treat adequately underlying deep vein thrombosis in patients with PE. Consider the possible risk of re-embolization due to the lysis of underlying deep venous thrombi in this setting.

Cholesterol Embolization

Cholesterol embolism, sometimes fatal, has been reported rarely in patients treated with thrombolytic agents.

Coagulation Tests May be Unreliable during Activase Therapy

Coagulation tests and/or measures of fibrinolytic activity may be unreliable during Activase therapy.

Adverse Reactions

The most frequent adverse reaction associated with Activase AIS therapy is bleeding.

Please see the full Prescribing Information below.

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ACTIVASE®
ALTEPLASE
A RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR