

Thrombolytic vital sign/NIH check monitoring review

CSN# \_\_\_\_\_ Bolus time \_\_\_\_\_ Drip start time \_\_\_\_\_ Flush start time \_\_\_\_\_

Every 15 Mins Post bolus			Every 30 Mins x 6			Every 1 hour x 16		
<i>(after bolus)</i>	VS	NIH		VS	NIH		VS	NIH
1			1			1		
2			2			2		
3			3			3		
4			4			4		
5			5			5		
6			6			6		
7			7			7		
8			8			8		
			9			9		
			10			10		
			11			11		
			12			12		
**Did Patient experience Angio-edema?*	Yes _____ No _____	IF YES, WAS ORDER SET USED Yes _____/No _____	IF No: MD ORDERING- _____		13			
<b>Notes:</b>						14		
						15		
						16		

**Reminder: If tpa-Bolus, Drip and Flush must be completed within 60 minutes. The flush should start to infuse approximately around the 45-minute mark**

- The charge nurse or designee will complete this form to keep track of post thrombolytic vitals and NIH are completed per policy
- To complete the form, enter a check mark or ND (not documented) in the vitals, NIH box. All of the times are per policy
- This tracking sheet will be handed off between units for patients receiving thrombolytic until the 24 hours post administration. For example, ER to NVU, ER to IR to NVU. It will then be handed to the manager.
- Review should be complete before transfer so if data is missing but not yet entered it can be corrected.
- Once the form is complete: Turn into the Nurse manager for review then all forms get returned to the stroke team