Standard of Care for  
The Patient Receiving Thrombolytic Therapy

Objectives:
1. To provide reperfusion to occluded vessels.
2. To prevent complications of thrombolytic therapy.
3. To instruct the patient on needs, limitations, and possible complications.

Process Standards:
1. Prior to initiation of thrombolytic therapy at least 2 sites of patent IV access is present and documented.
2. Heart rate, blood pressure shall be monitored at least every hour.
3. Peripheral pulses shall be monitored to effected extremity at least every 2 hours.
4. Effected extremity shall be immobilized if possible.
5. The patient shall be monitored for any signs of bleeding.
6. Potential for bleeding shall be minimized.
   a. No performance of IM, IV, or Sub Q punctures.
   b. Limit patient handling.
7. Laboratory values such as PT/PTT and Fibrinogen levels shall be monitored as ordered and the physician will be notified of abnormal findings.
8. A post-insertion CXR will be performed if needed for sheath insertion.
9. Insertion site dressing will be assessed for intactness. Physicians are made aware of dressings that are not intact, damp or in need of changing.
10. All Thrombolytic infusions shall be maintained by a controlled infusion system.
11. The healthcare team shall update the family and patient of patient condition and plan of care.

Outcome Standards:
1. The patient will be free of complications
2. All lumens of the catheter will remain patent until discontinuation.
3. Appropriate perfusion returns to limb.
4. Patient/family verbalizes understanding of procedure.

References: