

Management of Post-thrombolysis Complications

Monitor all patients given thrombolytic closely for **clinical worsening** and **orolingual swelling** during and for 24 hours after lytic administration

Patient develops severe headache, acute hypertension, nausea, vomiting or worsening neurological status

Stop lytic immediately

- STAT head CT
- STAT Type & Cross (if not already done)

CT confirms hemorrhage

& lytic given within the last 24 hours

CT excludes hemorrhage

Resume tPA infusion

- Administer **10 units cryoprecipitate** infused over 10-30 min STAT (*if available*)
- **PLUS Tranexamic acid (TXA)** 1000 mg over 10 min[‡]
- Maintain BP less than 160/100
- Consider Neurosurgical consult or transfer if not available locally

- STAT CBC, coag panel and fibrinogen
- Draw *after* administration of cryoprecipitate

Fibrinogen less than 200

Administer another **10 units cryoprecipitate**

Platelets less than 100,000

Administer **1 unit pheresis platelets**

INR greater than or equal to 1.5 in a pt on warfarin

See Hemorrhagic Stroke Stabilization Protocol under warfarin

[‡] Alternatives to TXA: **ε-aminocaproic acid** 4 gm IV over 1hr, followed by 1 gm/hr IV for 8hr

Patient develops edema of the tongue, lips, mouth or oropharynx

Stop lytic immediately

Hold

- ACE inhibitors

Administer

- Diphenhydramine 50 mg IV x1
- Famotidine 20 mg IV x1
- Methylprednisolone 125 mg IV x1

Provide

- Close monitoring of respiratory status

If there is further increase in angioedema after these measures, or if stridor or imminent respiratory compromise develops, administer

- **0.1% epinephrine 0.3mL subcutaneously** or by nebulizer 0.5 mL

Maintain airway

- Endotracheal intubation may not be necessary if edema is limited to anterior tongue and lips
- Edema involving larynx, palate, floor of mouth, or oropharynx with rapid progression (within 30 min) poses higher risk of requiring intubation
- Manage as Difficult Airway

We suggest you have a **Post-thrombolysis Hemorrhage Order Set** and a **Post-thrombolysis Orolingual Edema Order Set** (these are in Epic for MaineHealth Hospitals)

For patients requiring transfer, **reversal agents should be given prior to transfer** and BP should be **maintained less than 160/100** during transfer.

Use the **Maine EMS Stroke Inter-facility Transfer Order Set**