**Nursing Process Focus:**
Patients Receiving Alteplase

### Assessment
Prior to administration:
- Obtain complete health history, including allergies, drug history, and possible drug interactions.
- Assess lab values; APTT, PT, Hgb, Hct, platelet count.
- Assess vital signs.
- Assess for menses in women, recent surgery or trauma, bleeding disorders, or history of hemorrhagic stroke or GI bleeding.

### Potential Nursing Diagnoses
- Risk for Injury (bleeding), related to adverse effects of drug
- Decreased Cardiac Output, related to reperfusion of myocardium
- Ineffective Tissue Perfusion, related to increase in size of thrombus or ineffective effect of drug
- Deficient Knowledge, related to drug therapy

### Planning: Patient Goals and Expected Outcomes
The patient will:
- Avoid occurrence of excessive bleeding.
- Demonstrate knowledge of drug action and side effects.
- Maintain effective tissue perfusion.
- Maintain vital signs within normal limits.

### Implementation

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<tr>
<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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| *Monitor vital signs every 15 minutes during first hour of infusion, then every 30 minutes during remainder of infusion. (Patient is at risk for excessive bleeding during revascularization.) *Patient should be moved as little as possible during the infusion to prevent internal injury. | Advise patient:  
  - regarding need for frequent vital signs.  
  - that activity will be limited during infusion and pressure dressing may be needed to prevent any active bleeding. |
| *Monitor neurological status frequently (massive cerebral hemorrhage could occur.) | Instruct patient:  
  - about assessments and why they are necessary.  
  - to report change in sensorium, headache, visual changes.  
  *Advise patient that cardiac rhythm will be monitored during therapy. |
| *Monitor cardiac rate and rhythm while medication is infusing. (Dysrhythmias may occur with reperfusion of myocardium.) | *Inform patient about procedures and why they are necessary.  
  *Monitor CBC during and after therapy (for indications of blood loss due to internal bleeding.) Patient has increased risk of bleeding for 2-4 days post infusion. | *Instruct patient of increased risk for bleeding, activity restriction, and frequent monitoring during this time.  
  *Start IV lines, arterial line and foley catheter prior to beginning therapy (to decrease chance of bleeding from those sites.) |
Evaluation of Outcome Criteria

Evaluate effectiveness of drug therapy by confirming that patient goals and expected outcomes have been met (see “Planning”).