

# Post IV Thrombolytic Therapy Monitoring Checklist: Standard Monitoring

Policy ID 12773764, Section 5: Measure BP/HR and perform neurologic assessments every 15 minutes during and after thrombolytic infusion for 2 hours, then every 30 minutes for 6 hours, then hourly until 24 hours after thrombolytic treatment. NIHSS: at admission, change in status and 24 hours post-bolus.

	Due at	Vitals	Neuro Check	NIHSS
Q15min x2 hours	<b>Bolus:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Q30min x6 hours	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
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	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Q1hr x16 hours	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
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	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>24 hours post bolus:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Time of Admission to inpatient Unit:

Vitals:       Neuro Check:       NIHSS: