

Blood Pressure is never to exceed 180/105. Alert the physician immediately and provide interventions as ordered. If abnormal bleeding is suspected, stop the infusion and notify the physician immediately and follow orders as prescribed

[illegible]

Alteplase for Submassive Pulmonary Embolism Vital Sign and Neurological Assessment Handoff Sheet

Initials	Date	Time	Vital Signs					Neurological			Bleeding Assessment (Y/N)		Pain	
	Interval		B/P	H/R	RR	O2 Sat	Temperature	(1) GCS	Pupils		Overt Signs of bleeding	Comment	Headache Yes/No	Intensity (0-10)
L Size/React		R Size/React												
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This form is to be provided during hand-off to validate completion of the required assessment elements.

Department where Alteplase infusion occurred: _____ Date: _____ Start Time t-PA infusion: _____ Stop Time: _____
Initial RN Name: _____ Dept: _____ Documentation Start Time: _____ Stop Time: _____

Hand-off RN Name (Print Full Name)	Dept	Time: start of shift with patient	Time: end of shift with patient	Validate during hand-off all documentation from prior shift is completed (both RNs to sign)
				/
				/
				/
				/

Once fully completed, call the Code Team
At 18010/18011

Not Part of the Medical Record