**Monitoring during rTPA infusion**

- Pulse/BP every 30 mins
- No intramuscular injections during rTPA
- Vascular consultant/radiologist to decide duration of rTPA infusion
- If concerns regarding complications – contact on call team immediately
- Do not discontinue rTPA infusion for more than 10 mins (thrombus can form very quickly on catheters)

**Intra-arterial thrombolysis with rTPA AND concurrent Heparin infusion via a single puncture dual port sheath**

**Step 1**
- Use 50mg vials of rTPA
- Comes as to vials – 1 with powder, 1 with the solvent.
- Mix the 2 together with spiked connector provided. See diagram in leaflet
- 1mg/ml (50mg in 50mls)

**Step 2**
- Take 4x 60mls syringes with Luer lock ends.
- Put 6mls of 1mg/ml solution into each syringe (discard the rest)
- Fill the remainder of syringes of 60mls with normal saline (i.e. add 54mls to each)

**Final concentration of 0.1mg/ml for the infusion.**

- Label each syringe with patient details, drug details, date/time of creation.
- Keep solution in fridge and can be kept for maximum of 24hrs.
- 30ml bolus over 15mins (3mg) followed by constant infusion of 10mls/hr (1mg)
- Check radiologists notes prior to commencing this for any adjustments.
- When rTPA is stopped usually at check angiogram the catheter is removed, leaving the sheath in situ (see heparin arm for further instructions)

**Step 2**
- Use 1ml of 5000units/ml concentration into 50ml syringes and top up to 50ml with normal saline
- Run continuously at 5mls/hr. = 500units/hr.
- Not necessary to monitor APTTR on this dose.
- Once rTPA stopped introducer sheath is left in situ with heparin infusion still running through it – leave for 4 hours
- Stop heparin and leave sheath in situ for 2 hrs.
- Remove sheath and apply firm direct pressure to puncture site with gauze for 20mins.
- If bleeding occurs after pressure then apply further pressure for 20mins.
- If further bleeding contact Consultant Vascular surgeon and continue with application of pressure to puncture site.

**Iloprost administration**

**Days 1-3**
- Start at 1ml/hr and titrate upwards by 1ml/hr every 30mins-1hr
- Check BP and P 30 minutes after starting infusion.
- If intolerable side effects reduce rate by 1ml/hr until side effects tolerable.

**Side Effects**
- Headache
- Hypotension
- Flushing
- Palpitations

**Days 4-6**
- No need to titrate upwards. Start at optimum rate

**Contraindications**
- Unstable angina; < 6 months of myocardial infarction; cardiac failure; severe arrhythmias; within 3 months of cerebrovascular events; conditions which increase risk of bleeding