

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS RETEPLASE (RETAVASE®) PROTOCOL FOR MYOCARDIAL INFARCTION	CHECK OFF/ INITIALS
1. CXR, CBC with platelets, PT, APTT, CMP, Type and Screen packed cells.	
2. CK-MB on admission and repeat in 3 hours, 12 hours and 24 hours AFTER INJECTION COMPLETED.	
3. EKG just prior to infusion unless done in Emergency Room and 1 hour after infusion completed and EKG on the next day.	
4. Place three (3) #18 Intravenous catheters peripherally and connect to Heparin locks. No lines are to be discontinued the first 12-24 hours after Reteplase (Retavase®) injection.	
5. Nitroglycerin (Nitro-stat®) 0.4mg sublingual X 2, check for ST segment changes.	
6. Start Nitroglycerin IV at 10mcg/minute and increase 10mcg/minute increments at 5 minute intervals to maintain systolic Blood Pressure between 100-120mm Hg	
7. Have patient chew (1) low dose Aspirin tablet (81mg) and start low dose Aspirin 1 (81mg) by mouth daily.	
8. Attach noninvasive Blood Pressure monitor to one arm. Record Blood Pressure every 5 minutes	
9. Withdraw 10mL sterile water and inject it into Reteplase (Retavase®) ampule either directly or via dispensing pik. Swirl it for 60 seconds or until it dissolves. (Do not shake vigorously). Then inject direct Intravenous over 2 minutes. Repeat above procedure 30 minutes later. *(If Reteplase (Retavase®) is to be injected through an Intravenous line containing Heparin, the line should be flushed with Saline or Dextrose 5% in Water before and after Reteplase (Retavase®) injection).	
10. Immediately after completion of Reteplase (Retavase®) administration, give Heparin 5000 units Intravenous bolus and begin an infusion of Heparin 1,000 units/hour, and continue for at least 48 hours. Do not administer Heparin and Reteplase (Retavase®) simultaneously in the same Intravenous line. *They are incompatible when combined in solution.	
11. APTT 6 hours, 12 hours and 24 hours after starting Heparin infusion. Call results if less than 65 or over 85.	
12. Hemoglobin and Hematocrit daily X 3.	
13. No IM injections for 48 hours after Reteplase (Retavase®) injection.	
14. Draw lab work via Heparin locks only x 48 hours.	
15. No arterial punctures x 48 hours.	

Physician/Date/Time:

Nurse/Date/Time:

Secretary/Date/Time:

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy