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TITLE:	**ADMINISTRATION OF ALTEPLASE (TPA) TO CORRECT COMPLETE OR WITHDRAWAL OCCLUSION IN A CENTRAL VENOUS ACCESS DEVICE (CVAD)**	**NUMBER:**	**MD-02**
PROGRAM:	☐ CRITICAL CARE/EMERG MED ☐ MEDICINE ☒ ICP ☐ HEART INSTITUTE ☐ OBS/GYN ☐ PSYCHIATRY ☐ REHABILITATION ☐ SURGERY	**PAGE(S):**	**4**
		DATE OF ORIGINAL ISSUE:	
MEDICAL DEPARTMENT/DIVISION:	**DIVISION OF MEDICAL ONCOLOGY AND MALIGNANT HEMATOLOGY**	**REVISION DATE:**	

DEPARTMENT/DIVISION HEAD (OR BOTH): _____ **DATE:** _____

PROGRAM CLINICAL DIRECTOR: _____ **DATE:** _____

CHIEF OF STAFF (IF THE MEDICAL DIRECTIVE IS PRESENTED AT MAC) _____ **DATE:** _____

VP PROFESSIONAL PRACTICE/CHIEF NURSING EXECUTIVE OR DELEGATE (FOR ALL MEDICAL DIRECTIVES) AND CHIEF/DELEGATE OF DISCIPLINE AFFECTED _____ **DATE:** _____

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CATEGORY:	☒ PRESCRIPTION ☐ PROCEDURE ☐ CONSULTS ☐ DIAGNOSTIC TEST ☐ COMMUNICATING DIAGNOSIS
DESCRIPTION OF TREATMENT, INTERVENTION OR PROCEDURE:	**PICC (peripherally inserted central catheter**: Administration of 2 mg Alteplase (tPA, Cathflo); allow to dwell for 30 minutes. Attempt to aspirate blood. If unsuccessful, allow to dwell for additional 90 minutes. If PICC remains occluded, may repeat 2 mg Alteplase dose once only. Second dose may be permitted to dwell overnight. **PORT:** Administration of 4 mg Alteplase (tPA, Cathflo); allow to dwell for 30 minutes. Attempt to aspirate blood. If unsuccessful, allow to dwell for additional 90 minutes. If Port remains occluded, may repeat 2 mg Alteplase dose once only. Second dose may be permitted to dwell overnight.
REGULATED HEALTH PROFESSIONAL(S) AUTHORIZED TO IMPLEMENT DIRECTIVE:	Registered Nurses working in the outpatient departments of X.
INCLUSION CRITERIA (specific conditions/ circumstances that must exist):	Complete or withdrawal occlusion of a central venous access device (implanted port or PICC) in patients under the care of a medical oncologist or haematologist (malignant).
EXCLUSION CRITERIA (contraindications for implementing medical directive):	Patients under the care of a radiation oncologist. At any time the Registered Nurse does not feel comfortable carrying out the Medical Directive or feels the patient is unstable, he/she will consult the Physician before carrying out the Medical Directive.
DOCUMENTING THE ORDER:	The Registered Nurse will document on a "Physician's Order Sheet "IV Alteplase 2 mg (or 4 mg) as per Medical Directive MD-2". It will include the date, time and full signature with designation.
MANAGEMENT OF UNTOWARD OUTCOMES:	Any untoward event suspected to be related to the implementation of the directive is reported to the most responsible Physician for further orders and reported to the Care Facilitator and Clinical Manager. The event will be documented on the patient's health record.
EDUCATION PROCESS: (Resources available to ensure appropriate education, as well as annual review, including evaluation).	All Registered Nurses working in the outpatient department of the X will be educated by the Nurse Educator on the appropriate administration of Alteplase as it relates to this Medical Directive. Evaluation of all Medical Directives will be done on an annual basis by the Division Head of Medical Oncology and Malignant Hematology at their business meetings. a. Medical Directives discussed with Medical Oncologists at the Medical Oncology Business Meeting of (date) with documentation in the minutes.

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	b. Education relevant to use of this directive was provided by the Nurse Educator at various educational venues. c. The Registered Nurse carrying out this Medical Directive may direct questions to the attending physician at any time during patient care. d. The Clinical Manager and Nurse Educator are responsible to monitor the use of this Medical Directive and to review its use on an annual basis. e. The Division Heads of Medical Oncology and Malignant Hematology are responsible to communicate this Medical Directive to all members of their departments and review the use on an annual basis. The physicians will sign the signature page at the back of the directive, authorizing the use of the directive. f. The Clinical Director is responsible to communicate the contents of this Medical Directive to the support departments affected by this directive.
COMMUNICATION PATH (copy to be sent to Medical Affairs and VP Professional Practice):	
CONSENT (if needed, obtained by M.D.):	
FINAL APPROVAL:	
REFERENCES:	Refer to Policy xxx-xxx CVAD: Restoring Patency for Thrombotic Occlusion

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SIGNATURE OF PHYSICIAN APPROVING MEDICAL DIRECTIVES

AUTHORIZING MEDICAL STAFF:

NAME & DESIGNATION	DATE YYYY/MM/DD	SIGNATURE