

**Providence Stroke Center Practice Guideline:
Angioneuritic Edema Management For Stroke Patients Receiving IV tPA**

<p>PURPOSE</p>	<p>To recognize and treat angioedema in the presence of IV tPA.</p>
<p>TARGET POPULATION</p>	<p>This guideline is recommended for:</p> <ul style="list-style-type: none"> ➤ Stroke patients being treated with IV tPA <p>Incidence of angioedema is estimated to be 1-2% of all tPA treated stroke patients.</p> <ul style="list-style-type: none"> • It is most common in patients taking ACE inhibitors. • It usually starts near the end of tPA infusion.
<p>DOSAGE AND INTERVENTIONS</p>	<p>Note: Medications and doses are recommended, physicians may use their own discretion.</p> <p><u>If angioedema is suspected immediately:</u></p> <ul style="list-style-type: none"> ➤ STOP tPA infusion ➤ Give diphenhydramine 50 mg IV x 1 dose stat ➤ Give famotidine 20 mg IV x 1 dose stat ➤ Give Solu-Medrol 125 mg IV x 1 dose stat ➤ Consider calling ENT or anesthesiology for intubation. <p><u>If any further increase in angioedema:</u></p> <ul style="list-style-type: none"> ➤ Give Epinephrine 1:1000 (1mg/ml) give 0.3mg (=0.3mL) Intramuscular (IM) stat <u>“OR”</u> Epinephrine 1:1000 0.5mg (=0.5mL) by nebulizer ➤ Call ENT/anesthesiology/or appropriate in house service STAT for possible emergent cricotomy/tracheostomy or fiberoptic nasotracheal intubation if oral intubation unsuccessful.
<p>RN ASSESSMENTS</p>	<p>Examine tongue at initiation of intravenous tPA and every 15 minutes with neuro checks, until 1 hour after tPA is completed. Look for any signs of unilateral or bilateral tongue enlargement.</p>

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REPORTABLE CONDITIONS	<p><u>Notify the MD immediately if patient develops:</u></p> <ul style="list-style-type: none"> • Hoarseness of voice • Tight or swollen throat • Stridor • Breathing difficulties • Sudden appearance of red welts, especially near the eyes and lips, but also on the hands, feet, and the inside of the throat
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EARLY DIAGNOSIS IS KEY TO MANAGEMENT

<p>Tongue large but oral intubation possible</p> <p>↓</p> <p>Perform Orotracheal intubation stat</p>	<p>Tongue too large for orotracheal intubation</p> <p>↓</p> <p>Perform fiberoptic nasotracheal intubation</p>	<p>Severe stridor impending airway obstruction</p> <p>↓</p> <p>Perform tracheostomy</p>
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