

What to do if you suspect EXTRACRANIAL bleeding as a result of rt-PA.

POTENTIAL BLEEDING SITES

- Arterial and venous puncture sites
- GI tract
- Other sites e.g. retroperitoneal

SUSPECT IF

- Drop in blood pressure
- Clinical shock
- Evidence of blood loss e.g. malaena, haematuria

STANDARD MANAGEMENT

1. Stop infusion of rt-PA
2. Use mechanical compression, if possible, to control bleeding from arterial or venous puncture sites
3. Check fibrinogen, PT, APTT, full blood count and arrange appropriate cross match
4. Support circulation with fluids and blood transfusion as appropriate
5. Discuss results with local haematology department
6. For severe life-threatening bleeding a fibrinolytic inhibitor should be given immediately (e.g. aprotinin iv 500 000 kallikrein inactivator units over 10 minutes followed by 200 000 units over 4 hours. Alternatively tranexamic acid iv 1g over 15 minutes repeated every 8 hours as necessary)
7. Consider transfusion of fresh frozen plasma and/or cryoprecipitate depending upon the results of a coagulation screen