

Laboratory testing—Rationale and Tips for Reducing Door-to-Needle Times Without Compromising Patient Safety

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Venous blood sampling with STAT assessment of critical laboratory values is a required part of the assessment for tPA. Provision of tPA would be unsafe in the setting of a known coagulopathy. AHA/ASA guidelines and the FDA package insert recommend against the use of tPA when there is a known coagulopathy, the patient is taking warfarin and the INR is greater than 1.7, the PTT is elevated, or platelets are less than 100,000. A brief focused history should be obtained to assess for the presence of medical conditions associated with coagulation disorders, including the presence of cancer, alcoholism, renal or liver failure or drug abuse. However, the most commonly encountered coagulopathies are due to the use of warfarin or other antithrombotics.

Waiting for the return of laboratory values, especially INR and PTT, can needlessly delay the initiation of tPA in patients with a most at-risk of coagulopathy. Please consider these tips to avoid laboratory delays to improve your patient's door-to-needle times:

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A, A, . 2009;73:1957-1962.

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B, B, . 2007;38:1639-1640.

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