

PROTOCOL FOR: ReoPro (Abciximab) Infusion: (Care of the Patient Receiving)
Post PTCA/Stent

- POLICY:
1. The IV tubing must contain a low protein binding 0.2 or 0.22 micron filter (obtained from Pharmacy).
 2. The drug will be given as a bolus dose (0.25 mg/kg), followed by a 12 hour infusion.
 3. Patient must be on a cardiac monitor during infusion.
 4. Because ReoPro increases the risks of bleeding, it is contraindicated in the following clinical situations:
 - a. Active internal bleeding
 - b. Recent (within 6 hours) GI or GU bleeding of clinical significance
 - c. Hx of CVA within 2 years, or CVA with a significant residual neurological deficit.
 - d. Bleeding diathesis
 - e. Thrombocytopenia (< 100,000 cells/ul)
 - f. Severe uncontrolled hypertension
 - g. Presumed or documented history of vasculitis

- DESIRED
PATIENT OUTCOMES:
1. Patient will experience minimal to no complications related to IV ReoPro.
 2. Patient will receive appropriate intervention should adverse effect occur, i.e., Rx for allergic reaction, platelet transfusion.

CLINICAL
ASSESSMENT

- AND CARE:
1. Prior to infusion:
 - a. Document baseline vital signs, neurological status.
 - b. Obtain baseline lab-values, per order (usually CBC, PT/PTT).
 - c. Validate patent IV. Bolus will be administered based on 0.25 mg/kg.
 - d. Obtain baseline 12-lead ECG, rhythm strip.
 2. During Infusion:

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- a. Provide care per appropriate protocol (i.e., post-PTCA, sheath).
 - b. Validate ordered infusion rate. Should be 10 mcg/min X12 hours.
 - c. Monitor infusion rate every 2 hours.
 - d. Obtain ordered labs and monitor results, per order; specifically plts, PT/PTT.
 - e. Monitor patient for signs/symptoms of bleeding - i.e., retroperitoneal bleeding, spontaneous GI/GU bleeding, hematoma, bleeding at the arterial access site, venous access site.
 - f. Monitor effects of other medications that will affect coags simultaneously i.e., heparin, ASA. Validate dose per order.
 - g. Minimize use of automatic blood pressure cuffs, IV insertion or invasive procedures.
 - h. If hematoma should develop, stop infusion, notify physician and monitor closely.
 - i. Anaphylaxis may occur at anytime during administration. If it does, administration of ReoPro should be immediately stopped and standard appropriate resuscitative measures should be initiated.
 - j. Heme test all stools, emesis and urine.
3. Post Infusion:
- a. Continue care per protocol ordered.
 - b. Continue to obtain and monitor lab results, per order.
 - c. Continue to monitor patient every 1 - 2 hours for signs/symptoms of bleeding.
 - d. Notify MD for:
 1. Lab values outside prescribed parameters.
 2. Signs/symptoms of bleeding.
 3. Vital signs outside prescribed parameters.

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- PATIENT TEACHING:
1. Review with patient symptoms to report to RN or MD, e.g., obvious bleeding, hematoma, bruising.
 2. Review activity limitations with patient i.e., bed-rest, HOB < 30°, no bending of leg with arterial sheath site.
 3. Review discharge teaching and document on clinical resume re: lab follow-up, signs/symptoms to call for MD (bleeding).

APPROVAL: Department of Cardiology
Nursing Standards Committee

EFFECTIVE DATE: 10/99

REVISION DATES: 1/02, 8/02, 10/03

REVIEW DATE: 2/06, 9/08