

Thrombolytic Therapy Guidelines for Ischemic Stroke

<u>Inclusion Guidelines</u>	Yes	No
Clinical Evidence of Ischemic Stroke		
Laboratory Results Meet Criteria		
Deficit Measurable on the NIHSS		
CT (Head) Show NO Hemorrhage		
Clearly Defined Time of Onset <3 Hrs		
Patient Age Greater Than 18 Yrs Old		
Neurologist Consult Obtained		
Informed Consent Obtained		

<u>Exclusion Guidelines</u> (Check each box if appropriate)		
<input type="checkbox"/>	No exclusions apply	<input type="checkbox"/> Aggressive blood pressure management
<input type="checkbox"/>	Minor and isolated stroke symptoms ONLY	<input type="checkbox"/> Rapidly improving neurologic symptoms
<input type="checkbox"/>	Evidence of hemorrhage per CT	<input type="checkbox"/> Symptoms suggest subarachnoid hemorrhage
<input type="checkbox"/>	Known or suspected pregnancy	<input type="checkbox"/> Blood glucose <50 mg/dl OR >400 mg/dl
<input type="checkbox"/>	INR > 1.7 and/or aPTT > normal range	<input type="checkbox"/> Thrombocytopenia (Platelet count <100K)
<input type="checkbox"/>	Heparin w/in 48 hrs and elevated aPTT	<input type="checkbox"/> Pt currently taking anticoagulants
<input type="checkbox"/>	Acute bleeding or acute trauma	<input type="checkbox"/> LP in last 7 days
<input type="checkbox"/>	History of GI or GU bleeding w/in 21 days	<input type="checkbox"/> History of prior intracranial hemorrhage
<input type="checkbox"/>	History of stroke or head trauma w/in 3 mon	<input type="checkbox"/> Seizures with new neuro impairment
<input type="checkbox"/>	History of myocardial infarction w/in 3 mon	<input type="checkbox"/> SPB > 185 and/or DBP >110 on repeats
<input type="checkbox"/>	Major surgery within 14 days	<input type="checkbox"/> Noncompressible arterial access in 7 days
<input type="checkbox"/>	Invasive procedures within 14 days	<input type="checkbox"/> LMWH used within 24 hrs

☐ TO ☐ Read Back

☐ SCANNED POWERCHART

Order Taken By Signature: _____ Date/Time: _____

Physician Signature: _____ Date/Time: _____



Thrombolytic Therapy for Acute Ischemic Stroke

Inclusion Criteria Check box (if appropriate) *

Y/N		Y/N	
<input type="checkbox"/>	Diagnosis of ischemic stroke	<input type="checkbox"/>	Head CT shows NO hemorrhage
<input type="checkbox"/>	Onset of symptoms <3 hours before beginning treatment	<input type="checkbox"/>	Informed consent obtained
<input type="checkbox"/>	Having measurable neurological deficit	<input type="checkbox"/>	Neurology consult obtained

Absolute Exclusion Criteria

<input type="checkbox"/>	Significant head trauma or prior stroke in previous 3 months	<input type="checkbox"/>	Intracranial neoplasm, arteriovenous malformation, or aneurysm
<input type="checkbox"/>	Symptoms suggest subarachnoid hemorrhage	<input type="checkbox"/>	Recent intracranial or intraspinal surgery
<input type="checkbox"/>	Arterial puncture at noncompressible site in previous 7 days	<input type="checkbox"/>	Uncontrollable high blood pressure (systolic >185 mm Hg or diastolic >110 mm Hg)
<input type="checkbox"/>	History of previous intracranial hemorrhage	<input type="checkbox"/>	Active internal bleeding
<input type="checkbox"/>	Acute bleeding diathesis, including but not limited to Platelet count <100 000/mm ³	<input type="checkbox"/>	Heparin received within 48 hours, resulting in abnormally elevated aPTT greater than the upper limit of normal
<input type="checkbox"/>	Current use of anticoagulant with INR >1.7 or PT >15 seconds	<input type="checkbox"/>	Current use of direct thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive laboratory tests (such as aPTT, INR, platelet count, and ECT; TT; or appropriate factor Xa activity assays)
<input type="checkbox"/>	Blood glucose concentration <50 mg/dL (2.7 mmol/L)	<input type="checkbox"/>	CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
<input type="checkbox"/>	Lumbar puncture in last 7 days	<input type="checkbox"/>	Acute pericarditis

Relative Exclusion Criteria

(Consider risk to benefit of IV rtPA administration carefully if any of these relative contraindications are present)

<input type="checkbox"/>	Only minor or rapidly improving stroke symptoms (clearing spontaneously)	<input type="checkbox"/>	Seizure at onset with postictal residual neurological impairments
<input type="checkbox"/>	Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	<input type="checkbox"/>	Major surgery or serious trauma within previous 14 days
<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	Recent acute myocardial infarction (within previous 3 months)