

tPA Ischemic Stroke Protocol Eligibility Checklist

IV tPA Indications:

Within 3 hours of stroke symptom onset:

- ☐ Ischemic stroke diagnosis with severe or mild but disabling stroke symptoms
- ☐ Symptom onset < 3 hours before starting treatment
- ☐ Age ≥ 18 years

Between 3-4.5 hours after stroke symptom onset:

- ☐ Age ≤ 80 years
- ☐ Without history of both diabetes mellitus and prior stroke
- ☐ NIHSS score ≤ 25
- ☐ Not taking oral anticoagulants
- ☐ Imaging does not show involvement of $> \frac{1}{3}$ of middle cerebral artery territory

If otherwise eligible and:

- ☐ Blood pressure is safely lowered to $< 185/110$ mm Hg and reassessed before initiation
- ☐ Patients taking antiplatelet drug therapy (aspirin or aspirin and clopidogrel) if benefit outweighs small risk of symptomatic intracerebral hemorrhage
- ☐ End-stage renal disease patients on hemodialysis and normal aPTT

Contraindications for IV tPA:

- ☐ Symptom onset is unknown, > 4.5 hours, or if patient awoke with stroke
- ☐ Acute or previous intracranial hemorrhage
- ☐ Imaging showing extensive regions of irreversible injury (hypoattenuation)
- ☐ Prior ischemic stroke, severe head trauma, or intracranial/intraspinal surgery within 3 months
- ☐ Symptoms of subarachnoid hemorrhage
- ☐ GI malignancy or GI bleed within 21 days
- ☐ Coagulopathy: (Platelets $< 100,000/\text{mm}^3$, INR > 1.7 , aPTT > 40 s, PT > 15 s)
- ☐ Treatment dose of low molecular weight heparin within 24 hours (does not apply to prophylactic doses to prevent VTE)
- ☐ Use of anticoagulant drugs (thrombin inhibitors and factor Xa inhibitors) unless labs are normal or when patient has not taken for > 48 hours with normal renal function
- ☐ Use of antiplatelet that inhibits glycoprotein IIb/IIIa receptors (except in clinical trials)
- ☐ Infective endocarditis due to increased risk of intracranial hemorrhage
- ☐ Aortic arch dissection
- ☐ Intra-axial (inside the brain tissue) intracranial neoplasm
- ☐ Persistent elevated blood pressure (systolic ≥ 185 mm Hg or diastolic ≥ 110 mm Hg)
- ☐ Active internal bleeding

Additional recommendations to assess risk/benefit ratio before administration

- ☐ Early improvement with moderate impairment and potential disability
- ☐ Stroke resulting from cardiac or cerebral angiographic procedures
- ☐ Age > 80 years within 3-4.5-hour window
- ☐ Sickle cell disease

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