# Ischemic Stroke IV tPA Checklist

**Date/Time last known at Baseline** __________________________________________________________

## Inclusion Criteria
- Clinical Diagnosis of Acute ischemic arterial stroke causing measurable neurological deficit
- Onset symptoms less than 4.5 hours before initiation of treatment
- Age ≥ 18 years

## Absolute Contraindications
- Hypersensitivity
- Active or suspected or history of intracranial hemorrhage
- Significant head trauma or prior stroke (prior 3 months)
- Posttraumatic infarction (2)
- Symptoms suggest subarachnoid hemorrhage
- Arterial Puncture at non-compressible site in prior 7 days
- Intraaxial, Intracranial Neoplasm, AVM, or Aneurysm
- Recent intracranial or intraspinal surgery (within 3 months)
- Elevated BP (systolic greater than 185 or diastolic greater than 110) despite treatment
- Active internal bleeding
- Platelet count less than 100,000 per cubic mm
- Heparin received within 48 hours, resulting in a PTT greater upper normal limit
- Current use of anticoagulant with INR greater than 1.7 or PT greater than 15 seconds or a PTT > 40 seconds
- Current use of direct thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive tests (such as aPTT, INR, platelet count, ECT, TT, or appropriate factor Xa essays, plasma levels) or received a dose in last 48 hours.
- LMWH (such as Lovenox) in the last 24 hours
- Other acute bleeding disorders
- Blood glucose concentration less than 50 mg/dl (2.7 mmol/l)
- CT shows multilobar infarction (hypodensity greater than 1/3 cerebral hemisphere)
- Subacute bacterial endocarditis
- Patient / authorized representative refuse treatment
- CT scan reveals an acute hemorrhage
- Recent GI/GU bleed within 21 days
- History of structural GI/GU malignancy

## Relative Contraindications
- Minor or rapidly improving symptoms (clearing spontaneously) Improvement to mild stroke symptoms such that any remaining deficits seem non-disabling. For patients with disabling stroke symptoms alteplase is reasonable.
- Pregnancy or early postpartum < 14 days
- Seizure at onset with postictal residual deficit. For patients with seizure at onset, iv alteplase is reasonable if the residual deficit is thought to be due to stroke not a postictal state.
- Major surgery or serious trauma within previous 14 days
- Recent Lumbar Puncture (within 24 hours)
- Clinical History of Bleeding Diathesis
- For patients with acute Pericarditis and acute ischemic stroke, treatment with alteplase is reasonable. Consult a cardiologist.
- Left Side Heart Thrombosis
- Current Malignancy

## Additional Relative Exclusion Criteria for the 3.5 to 4 hour window
- NIHSS Greater than 25
- Taking an oral anticoagulant INR > 1.7

## References:
3. UptoDate.com 2015
4. Boston Medical Center Guideline for IV tPA in Acute Ischemic Stroke 2013

Reviewed March 2018