Inclusion and Exclusion Criteria for IV Alteplase Treatment of Ischemic Stroke

For consideration of eligibility within 0-4.5 hours of Time Last Known Well:

Date __________________ Time __________________

INCLUSION CRITERIA - Patient who should receive IV Alteplase

- Symptoms suggestive of ischemic stroke that are deemed to be disabling*, regardless of improvement (see Reference Table below for considered disabling symptoms)
- Able to initiate treatment within 4.5 hours of Time Last Known Well (document clock time)
- Age 18 years or older

EXCLUSION CRITERIA - If patient has any of these, do NOT initiate IV Alteplase

- CT scan demonstrating intracranial hemorrhage
- CT exhibits extensive regions (> 1/3 MCA Territory on CT) of clear hypo attenuation
- Unable to maintain BP <185/110 despite aggressive antihypertensive treatment
- Severe head trauma within last 3 months
- Active internal bleeding
- Arterial puncture at non-compressible site within last 7 days
- Infective endocarditis
- Gastrointestinal or genitourinary bleeding within last 21 days or structural GI malignancy
- Intracranial or spinal surgery within last 3 months
- Aortic Dissection known or suspected

Laboratory:

- Blood glucose <50 mg/dL (however should treat if stroke symptoms persist after glucose normalized)

Results not required before treatment unless patient is on anticoagulant therapy or there is another reason to suspect an abnormality

- INR >1.7
- Platelet count <100,000, PT >15 sec, aPTT >40 sec

Medications:

- **Full dose low molecular weight heparin (LMWH) within last 24 hours (patients on prophylactic dose of LMWH should NOT be excluded)
- Received novel oral anticoagulant (NOAC) within last 48 hours (assuming normal renal metabolizing function)
- Commonly prescribed DOACs: apixaban (Elquis), dabigatran (Pradaxa), rivaroxaban (Xarelto), edoxaban (Savaysa)

CONSIDERATION for EXCLUSION - Seek Neurology consultation from a Stroke Expert

- Mild stroke with non-disabling symptoms
- Pregnancy
- Major surgery or major trauma within 14 days
- Seizure at onset and postictal impairment without evidence of stroke
- Myocardial infarction within last 3 months
- Acute pericarditis
- Lumbar puncture within 7 days
- Ischemic stroke within last 3 months
- Any other condition or history of bleeding diathesis which would pose significant bleeding risk to patient
- History of intracranial hemorrhage
- Presence of known intracranial conditions that may increase risk of bleeding (arteriovenous malformation, aneurysms >10mm, intracranial neoplasm)
- High likelihood of left heart thrombus (e.g., mitral stenosis with atrial fibrillation)
- Blood glucose > 400 mg/dL (however should treat with IV alteplase if stroke symptoms persist after glucose normalized)

*Considered disabling symptoms: should be considered for IV Alteplase treatment

| Complete hemianopsia (≥2 on NIHSS question 3) or severe aphasia (≥2 on NIHSS question 9), or |
| Visual or sensory extinction (≥1 on NIHSS question 11) or |
| Any weakness limiting sustained effort against gravity (≥2 on NIHSS question 6 or 7) or |
| Any deficits that lead to a total NIHSS score ≥5 or |
| Any remaining symptoms considered potentially disabling in the view of the patient and the treating practitioner. i.e., Do presenting symptoms interfere with lifestyle (work, hobbies, entertainment?) Clinical judgment is required** |

**Note: This is an example based on current best practices for hospitals to implement and operationalize. Specific criteria may vary by hospital.