

# 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 (Eliquis), 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.

REFERENCE: 2018 Guidelines for Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals From the American Heart/American Stroke Association. *Stroke*, Vol. 49

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