

Thrombolytic Inclusion/Exclusion Criteria

Intravenous Thrombolytic IS RECOMMENDED for Patients Meeting ALL of the below ...
Age > 18 years old
Acute ischemic stroke with measurable neurologic deficit
Time of symptom onset less than 4.5 hours before beginning IV thrombolytic
Discussion with and recommendation from the expert stroke neurologist
Intravenous Thrombolytic IS POSSIBLY RECOMMENDED for the Following Cases after careful evaluation of the Risks and Benefits
Mild but Disabling stroke, even with rapid/early improvement in NIHSS
Severe stroke (NIHSS > 25)
Glucose levels <50 and >400 mg/dL at presentation, which are then normalized
Recent Warfarin use as long as INR is ≤ 1.7 or PT <15 sec
Lumbar puncture within the previous 7 days
Arterial puncture of a noncompressible blood vessels within the previous 7 days
Recent major surgery (not intracranial or spinal) within the previous 14 days (<i>contact the surgeon to discuss potential bleeding risks</i>)
Systemic malignancy and reasonable (>6 mo) life expectancy
Extra-axial intracranial neoplasms (not for intra-axial intracranial neoplasms)
Pregnancy, early postpartum period (< 14 days after delivery), menstruation or recent vaginal bleeding (<i>consult gynecologist</i>)
Extracranial or intracranial dissections
Unruptured intracranial aneurysms or intracranial malformations (<i>consult neurosurgeon, especially if aneurysm is >10 mm</i>)
Acute or recent myocardial infarctions, NSTEMI or STEMI (<i>consult cardiologist</i>)
History of diabetic hemorrhagic retinopathy or other hemorrhagic ophthalmic conditions (<i>consult ophthalmologist</i>)
Sickle Cell disease
Seizure at onset, if weakness if felt to be possibly related to stroke and not pure post-ictal phenomena
Recent major trauma (not involving the head)
History of GI and GU bleeding (unless GI bleed within last 21 days), (<i>consult the gastroenterologist or urologist as needed</i>)
Pre-existing disability or dementia
Stroke mimic with a reasonable assessment that deficits are more likely due to cerebral ischemia
Small Ischemic stroke within the prior 3 months
History of remote traumatic ICH for which stroke expert feels the benefits of thrombolytic would outweigh risks
Intravenous Thrombolytic is CONTRAINDICATED in the Following Cases
CT head or MRI evidence of acute intracranial hemorrhage
CT head showing obvious, frank hypodensity (<i>early, subtle ischemic changes are okay</i>)
Signs and symptoms most consistent with subarachnoid hemorrhage
NON-disabling stroke (NIHSS must be ≤ 5 and symptoms should not be disabling)
Use within the prior 48 hours of direct thrombin inhibitors, i.e. Pradaxa (Dabigatran) or factor Xa inhibitors, i.e. Xarelto (Rivaroxaban), Eliquis (Apixaban) or recent Warfarin use with INR >1.7 or PT ≥15 sec
Low-molecular weight heparin (Lovenox) at therapeutic dose received within last 24 hours
Abnormally elevated aPTT/Anti-Xa due to Heparin within previous 48 hours*

Platelet count less than 100,000/mm ³ *
Structural GI malignancy or recent GI bleeding within prior 21 days
Severe head trauma within the prior 3 months
Intracranial or spinal surgery within the prior 3 months
Intra-axial intracranial neoplasms
History of spontaneous intracranial hemorrhage
Known or suspected infective endocarditis
Known or suspected aortic dissection

*Comment: While every effort should be made to review the platelet count, INR, and PTT prior to the administration of IV thrombolytics, awaiting these lab values should not delay administration if patient does not have a history of blood disorder, liver disease, or anticoagulant use

**Comment: The final decision for thrombolytic will be made by the Stroke MD after thorough review of each patient's case and discussion with other providers, the patient, and/or family. Some case-by-case exceptions to the above guidelines may be made with documentation to support decision making.