Intravenous t-PA Administration Inclusion/Exclusion
Criteria for Ischemic Stroke

This inclusion/exclusion criteria provides a tool to be used in the assessment of a patient in the acute setting. Final decision to use t-PA is at the discretion of the treating physician and neurologist.

Patient Inclusion Criteria

Yes_____ 1. Age 18 years or older.
Yes_____ 2. Clinical Diagnosis of Ischemic Stroke.
Yes_____ 3. Measurable neurological deficit.
Yes_____ 4. Clearly defined time of stroke onset (within 180 minutes of stroke onset).
Yes_____ 5. Baseline CT scan showing no evidence of intracranial hemorrhages or mass.
Yes_____ 6. Neurology consultation.

Patient Exclusion Criteria

No_____ 1. CT scan showing evidence of intracranial hemorrhage.
No_____ 2. Prior history of intracranial hemorrhage that could increase the risk of intracranial hemorrhage.
No_____ 3. Stroke or serious head injury in the preceding 3 months.
No_____ 4. Major surgery or other serious trauma during the preceding 2 weeks.
No_____ 5. Gastrointestinal or urinary tract hemorrhage during preceding 3 weeks.
No_____ 6. SBP > 185mm Hg or DBP > 105mm of Hg at the time of t-PA infusion.
No_____ 7. Aggressive treatment to lower BP.
No_____ 8. Glucose < 50mg/dL or > 400mg/dL
No_____ 9. Symptoms of subarachnoid hemorrhage.
No_____ 10. Arterial puncture at noncompressible site or LP during the preceding 1 week.
No_____ 11. Platelet count < 100,000/mm3. (t-PA can be started prior to receiving the CBC results but should be discontinued if platelet count is < 100,000/mm3).
No_____ 12. Heparin during the preceding 48 hours associated with an elevated aPTT.
No_____ 13. Clinical presentation suggesting pericarditis or myocardial infarction.
No_____ 14. Currently taking oral anticoagulants with INR > 1.7.

Relative Contraindications

1. Early signs of large cerebral infarction: edema, hypodensity, mass effect, and obliteration of sulci in more than 1/3 of middle cerebral artery territory on CT scan.
2. NIHSS > 22.
3. Difficult to control hypertension.
4. History of AVM or aneurysm.

Decision to treat with IV t-PA   _____ Yes   _____No Reason:_____

Neurologist:_____   Date/Time:_____