

## **Alteplase 3 to 4.5 Hour Protocol**

Based on the European Cooperative Acute Stroke Study (ECASS III) in a specific subset of patients treated with t-PA in the 3-4.5 hour window, Mercy Medical Center will be adopting this protocol for the subset of patients that mirror those in this research protocol. This is an off-label use of the drug Alteplase, and will be discussed with patients/families as such. The decision to treat in these circumstances will be made by neurology. The t-PA protocol will be followed utilizing the following criteria.

The inclusion/exclusion criteria are as follows:

### Main Inclusion Criteria

Acute Ischemic Stroke

Age, 18 to 80 years

Onset of stroke symptoms 3 to 4.5 hours before administration of drug administration

Stroke symptoms present for at least 30 minutes with no significant improvement before treatment

### Main Exclusion Criteria

Intracranial Hemorrhage

Time of symptom onset unknown

Symptoms rapidly improving or only minor before start of infusion

Severe stroke as assessed clinically (e.g., NIHSS score > 25) or by appropriate imaging techniques

Seizure at the onset of stroke

Stroke or serious head trauma within the previous 3 months

Combination of previous stroke and diabetes

Administration of heparin within the 48 hours preceding the onset of stroke, with an activated partial-thromboplastin time at presentation exceeding the upper limit of the normal range

Platelet count less than 100,000 per cubic millimeter

Systolic pressure greater than 185 mmHg or diastolic pressure greater than 110 mm Hg, or aggressive treatment (intravenous medication) necessary to reduce blood pressure to these limits

Blood glucose less than 50 mg per deciliter or greater than 400 mg per deciliter

Symptoms suggestive of subarachnoid hemorrhage, even if CT scan was normal

Oral anticoagulant treatment

Major surgery or severe trauma within the previous 3 months

Other major disorders associated with an increased risk of bleeding

If a patient does not meet this criteria, consideration should be given to intra-arterial intervention, based on stroke severity.