**tPA – ALTEPLASE (ACTIVASE) FOR ISCHEMIC STROKE**

**t-PA INCLUSION / EXCLUSION CRITERIA**

**PROVIDENCE SACRED HEART MEDICAL CENTER & CHILDREN’S HOSPITAL**

Spokane, Washington

### Intravenous (IV) Thrombolysis Criteria

**Inclusion for IV tPA (Alteplase):**

- Symptom onset clearly established to be less than 3 hrs or 3 - 4.5 hrs with additional exclusion criteria
- Patients waking with symptoms should be considered to have been normal at time of retiring
- NIHSS greater than or equal to 4 or isolated severe aphasia or isolated hemianopia
- Improvement without resolution (i.e., NIHSS still greater than or equal to 4 is not an exclusion)
- Age greater than or equal to 18 years

### Intra-arterial (IA) or Mechanical Thrombolysis Criteria

**Inclusion for Endovascular Therapy:**

- Symptom onset clearly established to be 0-6 hrs inclusive (Mechanical Thrombolysis time may be extended up to 12-24 hrs for posterior circulation strokes)
- Symptom onset less than 4.5 hrs, but excluded from IV t-PA (Alteplase)
- NIHSS greater than or equal to 7
- Age greater than or equal to 18 yrs (Discuss with neurologist for younger patients)

**Exclusion for Endovascular Therapy:**

- Exclusions for intra-ARTERIAL tPA (Alteplase) other than time window, are identical to exclusions for intra-VENOUS tPA.

**PLEASE CONSIDER MECHANICAL THROMBOLYSIS IF tPA IS CONTRAINDICATED**

### Additional exclusion criteria for 3 - 4.5 hr IV tPA (Alteplase):

- Age greater than 80
- All patients receiving oral anticoagulants regardless of INR
- NIHSS greater than 25
- History of stroke and diabetes

### Considerations:

**Warnings:** These conditions may increase risk of unfavorable outcome but are not necessarily contraindicated to treatment.

- Increased risk of bleeding due to any of the following:
  - Hemostatic defects, including those secondary to hepatic and renal disease
  - Pregnancy
  - Diabetic hemorrhagic retinopathy or other hemorrhagic ophthalmic conditions
  - Septic thrombophlebitis or occluded AV cannula
  - Life expectancy less than 1 year or severe comorbid illness
  - Stroke too severe (e.g., NIHSS greater than 22)

**When possible ensure patient/caregiver/family members understand potential risks and benefits for treatment**

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**Exclusions: IV or IA tPA (Alteplase) is contraindicated if any of the following are present:** (Check if contraindications present)

- *May be appropriate for mechanical thrombolysis.*

**Review these items with stroke Neurologist**

- CT shows early infarction/hypodensity greater than 1/3 of MCA territory or any intracranial hemorrhage
- Suspicion of subarachnoid hemorrhage even with normal CT
- BP greater than 185/110 mmHg at time of treatment despite BP lowering agents
- PTT greater than 40 after Heparin use, PT greater than 15 or INR greater than 1.7
- Fibrinogen less than 120 mg/dL
- Platelets less than 100,000/mm³
- Glucose less than 50 or greater than 400 mg/dL
  (This may be corrected to see if symptoms resolve. If symptoms do not resolve with normalization of values then patient may be considered ineligible)
- Known or suspected Bacterial Endocarditis
- Rapidly improving neurological signs to NIHSS less than or = to 3
- Isolated, mild neurological deficits, e.g., ataxia alone, sensory loss alone, dysarthria alone, or minimal weakness
- Seizure with postictal residual neurological impairments
- History of any of the following: Intracranial hemorrhage/neoplasm/AVM (unruptured or clipped aneurysms not excluded). May consider IV tPA in patients with CNS lesions that have a very low likelihood of hemorrhage, i.e., small unruptured aneurysms or benign tumors with low vascularity
- Major surgery, history of trauma or CPR within preceding 14 days
- Stroke or serious head trauma, intracranial or intraspinal surgery in previous 3 months
- Lumbar Puncture/arterial puncture at non-compressible site within preceding 7 days
- Active internal hemorrhage within preceding 21 days
- Recent MI (less than 1 month)
- Pregnancy or delivery within 14 days
- Evidence of active bleeding or acute trauma (fracture) on examination
- Any bleeding diathesis

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