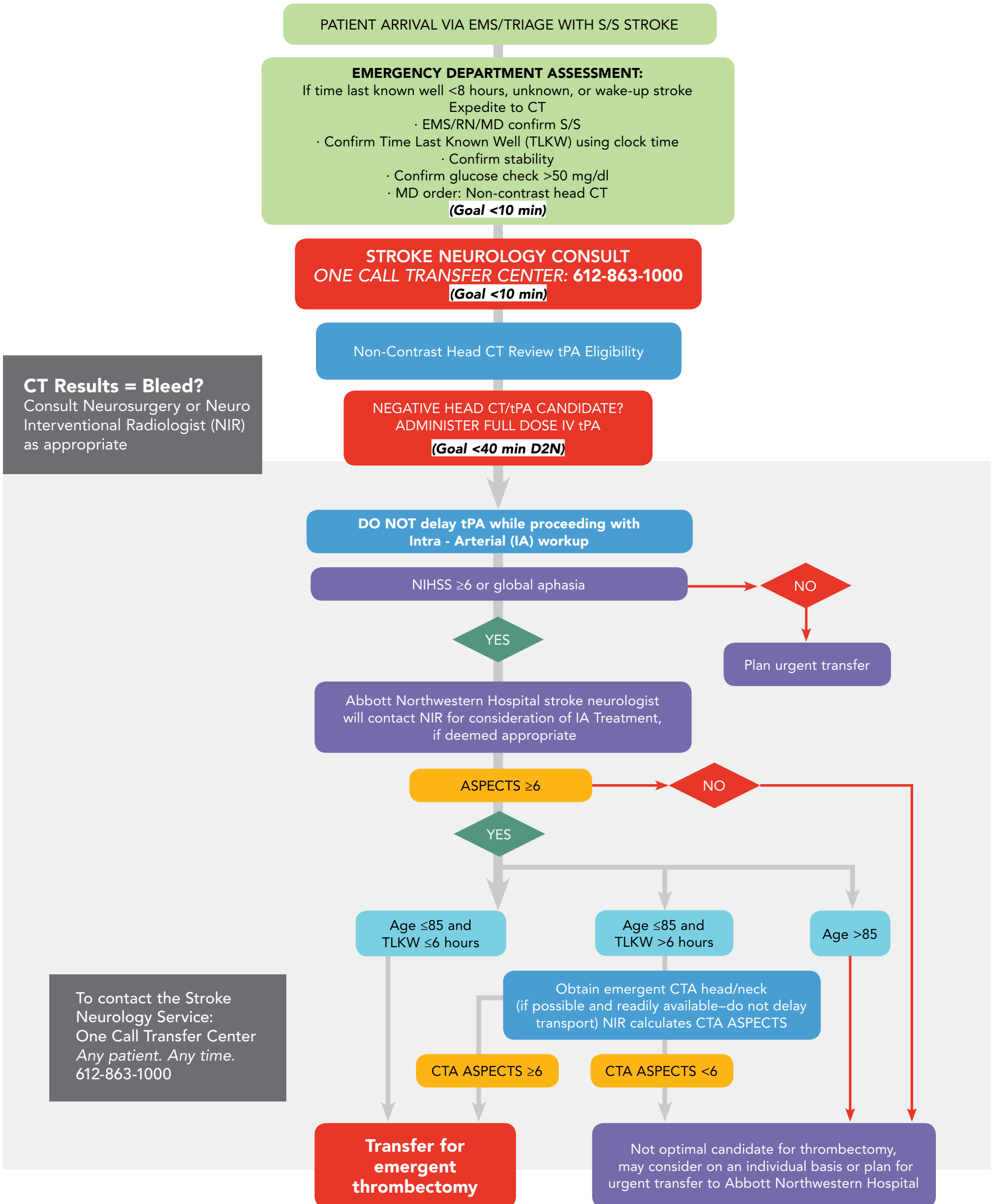


# Referring Hospital Acute Ischemic Stroke Protocol



**CT Results = Bleed?**  
Consult Neurosurgery or Neuro  
Interventional Radiologist (NIR)  
as appropriate

To contact the Stroke  
Neurology Service:  
One Call Transfer Center  
Any patient. Any time.  
612-863-1000

# Alteplase (IV-tPA) Acute Ischemic Stroke Treatment Recommendations

## Inclusions

- Diagnosis of ischemic stroke causing measureable neurological deficit
- Time last known well <4.5 hrs. before treatment begins
- Age ≥18 years (equally recommended for ages 18-80 and >80)

## Exclusions

- Acute evidence of intracranial hemorrhage on non-contrast CT
- Severe head trauma within 3 months
- Acute post-traumatic infarction
- Patients presenting with symptoms and signs most consistent with a Subarachnoid Hemorrhage
- Recent history of intracranial hemorrhage (excluding cerebral microbleeds)
- Intracranial/spinal surgery within 3 months
- Elevated blood pressure despite aggressive treatment (systolic >185 mmHg or diastolic >110 mmHg)
- Acute bleeding diathesis or coagulopathy history
- Platelets <100,000/mm<sup>3</sup>, INR > 1.7, PT >15 sec, or aPTT >40 sec (**do not delay treatment for test results if no reason to suspect an abnormal test**)
- LMWH used within 24 hours or direct thrombin Inhibitors or Direct Factor Xa Inhibitors (NOAC) used within 48 hours
- Early extensive ischemic changes: severe hypo-attenuation or obvious hypodensity on CT
- Wake up stroke or unclear time last known well (**should only be treated under a clinical study protocol**)
- Infective endocarditis
- Stroke associated with aortic arch dissection

**If patient cannot receive IV-tPA, consider intra-arterial intervention if acute large vessel occlusion is present**

## Relative Exclusions (Risks/Benefits)

*The potential risks should be discussed during eligibility deliberation and weighed against the anticipated benefits during decision making*

- Prior ischemic stroke within 3 months
- Arterial puncture at non-compressible site
- Intra-axial intracranial neoplasm – consider histology, location and bleeding risk
- Intracranial vascular malformation - unruptured and untreated, consider stroke severity
- Active Internal bleeding
- Severe stroke with acute pericarditis (**Consult cardiology**)
- Left atrial or ventricular thrombus , consider stroke severity
- Pregnancy (**Consult OB/GYN**)
- Early postpartum (<14 days)
- Active or recent vaginal bleeding with clinically significant anemia, consult gynecology and consider stroke severity
- Major surgery or serious trauma within previous 14 days
- GI bleeding within 21 days (*limited data >7 days may be acceptable*)