

Stroke

Stroke Fibrinolytic Checklist

Table 3. Fibrinolytic Checklist for Patients With Acute Ischemic Stroke

All boxes must be checked before tPA can be given.

Note: The following checklist includes FDA-approved indications and contraindications for tPA administration for acute ischemic stroke. A physician with expertise in acute stroke care may modify this list.

Inclusion Criteria (all **Yes** boxes in this section must be checked):

Yes

- ☐ Age 18 years or older?
- ☐ Clinical diagnosis of ischemic stroke with a measurable neurologic deficit?
- ☐ Time of symptom onset (when patient was last seen normal) well established as <180 minutes (3 hours) before treatment would begin?

Exclusion Criteria (all **No** boxes in "Contraindications" section must be checked):

Contraindications:

No

- ☐ Evidence of intracranial hemorrhage on pretreatment noncontrast head CT?
- ☐ Clinical presentation suggestive of subarachnoid hemorrhage even with normal CT?
- ☐ CT shows multilobar infarction (hypodensity greater than one third cerebral hemisphere)?
- ☐ History of intracranial hemorrhage?
- ☐ Uncontrolled hypertension: At the time treatment should begin, systolic pressure remains >185 mm Hg or diastolic pressure remains >110 mm Hg despite repeated measurements?
- ☐ Known arteriovenous malformation, neoplasm, or aneurysm?
- ☐ Witnessed seizure at stroke onset?
- ☐ Active internal bleeding or acute trauma (fracture)?
- ☐ Acute bleeding diathesis, including but not limited to
 - Platelet count <100 000/mm³?
 - Heparin received within 48 hours, resulting in an activated partial thromboplastin time (aPTT) that is greater than upper limit of normal for laboratory?
 - Current use of anticoagulant (eg, warfarin sodium) that has produced an elevated international normalized ratio (INR) >1.7 or prothrombin time (PT) >15 seconds?*
- ☐ Within 3 months of intracranial or intraspinal surgery, serious head trauma, or previous stroke?
- ☐ Arterial puncture at a noncompressible site within past 7 days?

Relative Contraindications/Precautions:

Recent experience suggests that under some circumstances—with careful consideration and weighing of risk-to-benefit ratio—patients may receive fibrinolytic therapy despite one or more relative contraindications. Consider the pros and cons of tPA administration carefully if any of these relative contraindications is present:

- Only minor or rapidly improving stroke symptoms (clearing spontaneously)
- Within 14 days of major surgery or serious trauma
- Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
- Recent acute myocardial infarction (within previous 3 months)
- Postmyocardial infarction pericarditis
- Abnormal blood glucose level (<50 or >400 mg/dL [<2.8 or >22.2 mmol/L])

*In patients without recent use of oral anticoagulants or heparin, treatment with tPA can be initiated before availability of coagulation study results but should be discontinued if the INR is >1.7 or the partial thromboplastin time is elevated by local laboratory standards.