**Alteplase and Acute Ischemic Stroke**

*Guideline and Checklist for Selecting Patients*

(Review this checklist with consulting neurologist)

**General Guidelines for all Alteplase candidates who can be treated within
4.5 hours of stroke start or last known well.**

**Contraindications:** Any checked box is potential contraindication that should be discussed with a neurologist.

[ ]  Less than 18 years old

[ ]  Time to last known normal > 4.5 hours unless additional imaging (MRI) can confirm stroke duration is
 within Alteplase treatment window of 4.5 hours.

[ ]  CT with evidence of bleeding or frank hypodensity in area corresponding to symptoms

[ ]  Uncontrollable hypertension (SBP>185, DBP>110) despite aggressive treatment

[ ]  Known history of >10 mm brain aneurysm, intra-axial tumor, intracranial hemorrhage

[ ]  INR greater than 1.7 (if on Coumadin & INR <1.7 consider Alteplase)

[ ]  Treatment dose of low molecular weight heparin within 24 hours (prophylactic dose okay)

[ ]  Direct thrombin inhibitor or direct factor Xa inhibitor within 48 hours or unknown last dose.

[ ]  Major head trauma or intracranial/intra-spinal surgery within 3 months (not absolute)

[ ]  History strongly suggestive of subarachnoid hemorrhage (not absolute depending on work-up)

**Relative Contraindications:** Treatment should be considered in a case-by-case risk/benefit discussion. Any checked box indicates a relative contraindication that should be discussed with the neurologist.

[ ]  History of chronic or acquired bleeding diathesis or coagulopathy

[ ]  Pregnancy

[ ]  Seizure at onset of stroke symptoms (consider CT Angiogram head)

[ ]  Major surgery or trauma within 14 days

[ ]  Previous stroke within 3 months

[ ]  Mild symptoms or rapidly improving (Alteplase should be considered if symptoms are disabling to the
 patient at time of treatment decision, regardless of NIHSS score.)

[ ]  Concurrent MI

[ ]  Intracranial, extra-axial tumor, known arteriovenous malformation

[ ]  Glucose less than 50 mg/dl (If after correction there is continued neurologic deficit consistent with acute
 ischemic stroke, consider Alteplase).

[ ]  Dural puncture or cardiac catheterization within last 7 days

**Woke with symptoms or unclear time of onset:**

* Consult with a neurologist about thrombolytic treatment options.