

DATE	TIME	ORDERS: Stroke Inclusion/Exclusion Criteria for tPA
		Allergies: _____ Weight in kg: _____
		Provider: _____
		I. Inclusion Criteria for IV tPA (IF ALL CHECKED CONTINUE TO SECTION II) <input type="checkbox"/> Age 18 years or older <input type="checkbox"/> Clinical diagnosis of ischemic stroke with a measurable neurological deficit <input type="checkbox"/> Time of onset (when patient was last seen as normal) <180 minutes (3 hours) before treatment would begin
		II. Exclusion Criteria for patients with onset up to 3 – 4.5 hours (IF ANY ARE CHECKED PATIENT IS INELIGIBLE FOR tPA TREATMENT) Contraindications: <input type="checkbox"/> Evidence of intracranial hemorrhage on noncontrast CT <input type="checkbox"/> Clinical suspicion of subarachnoid hemorrhage even with normal CT <input type="checkbox"/> CT shows multilobar infarction (hypodensity greater than 1/3 cerebral hemisphere) <input type="checkbox"/> History of intracranial hemorrhage/stroke <input type="checkbox"/> Uncontrolled HTN: At time treatment begins SBP remains >185mm Hg or DBP remains >110mm Hg despite repeated measurements <input type="checkbox"/> Known arteriovenous malformation, neoplasm, or aneurysm <input type="checkbox"/> Witnessed seizure at stroke onset <input type="checkbox"/> Acute bleeding tendencies Platelet count <100,000/mm ³ Heparin received in prior 48 hours with elevated PTT Current use of an anticoagulant (Coumadin/Warfarin) <input type="checkbox"/> Within prior 3 months: intracranial or spinal surgery, head trauma, or previous stroke <input type="checkbox"/> Arterial puncture at noncompressible site within last 7 days <input type="checkbox"/> Woman of child bearing age who has a positive pregnancy test Relative Contraindications/Precautions: <input type="checkbox"/> NIH stroke scale >22 (severe deficit) or <4 and no dysphasia (mild deficit) or rapidly improving Symptoms (spontaneous clearing) <input type="checkbox"/> 14 days post operative or post trauma <input type="checkbox"/> Recent GI or urinary tract hemorrhage (prior 21 days) <input type="checkbox"/> Recent AMI (prior 3 months) <input type="checkbox"/> Postmyocardial infarction pericarditis <input type="checkbox"/> Glucose <50 mg/dl OR >400 mg/dl <input type="checkbox"/> Age >80 <input type="checkbox"/> History of ischemic stroke AND diabetes
		III. <input type="checkbox"/> Patient ELIGIBLE for tPA (NO exclusion criteria checked/ALL inclusion criteria met) Initiate Stroke – THROMBOLYTIC THERAPY order set
		IV. <input type="checkbox"/> Patient INELIGIBLE for tPA (ANY exclusion criteria checked) Initiate Stroke – BLOOD PRESSURE MANAGEMENT order set

PHYSICIAN SIGNATURE: _____ Date/Time: _____

*****PATIENT LABEL *****

KIRBY  HOSPITAL