Management of Angioedema Due to rt-PA

Early Diagnosis is Key

Incidence: Estimated 1% to 2% of all rt-PA treated stroke
Common in patients taking angiotensin-converting enzyme inhibitors
Usually starts near end of rt-PA infusion

1. Begin examining tongue 20 minutes before IV rt-PA infusion is complete and repeat several times until 20 minutes after rt-PA infusion. Look for any signs of unilateral or bilateral tongue enlargement.

2. If angioedema suspected, immediately:
   - A. Consider early discontinuation of rt-PA infusion
   - B. Diphenhydramine (Benadryll) 50 mg IV
   - C. Famotidine 20 mg IV
   - D. Give methylprednisolone (Solu-Medrol) 125 mg IV

3. If any further increase in angioedema:
   - A. Epinephrine (1mg/1ml) 0.3 ml SQ or Racemic Epinephrine by nebulizer 0.5 ml
   - B. Call ENT/Anesthesiology or appropriate in-house service STAT for possible emergency cricotomy/tracheostomy or fiberoptic nasotracheal intubation if oral intubation unsuccessful.
   - C. DISCONTINUE IV t-PA INFUSION.

   - Tongue large but oral intubation possible
     - Perform orotracheal intubation STAT

   - Tongue too large for orotracheal intubation
     - Perform fiberoptic nasotracheal intubation

   - Severe stridor impending airway obstruction
     - Perform tracheostomy

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