

## Management of Angioedema Due to Alteplase

Early Diagnosis is Key

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

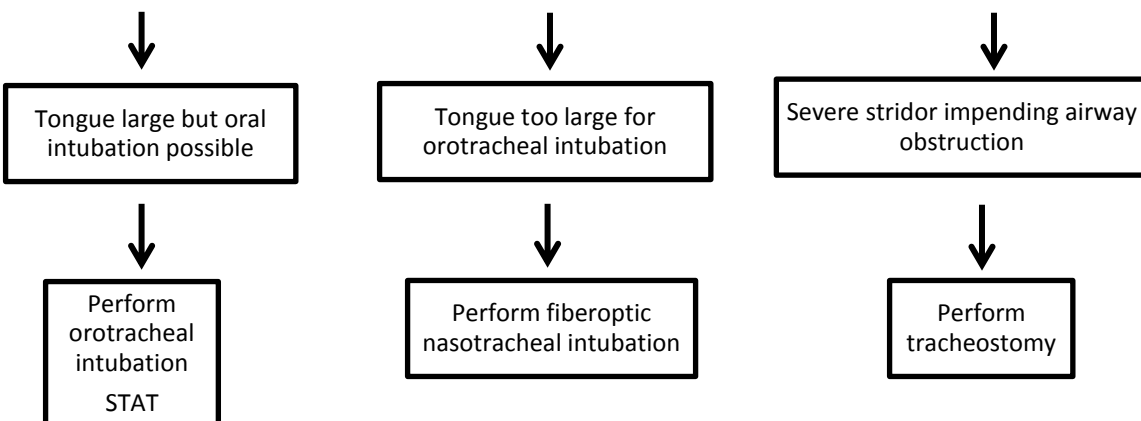
1. Begin examining tongue 20 minutes before IV alteplase infusion is complete and repeat several times until 20 minutes after alteplase infusion. Look for any signs of unilateral or bilateral tongue enlargement.

2. If angioedema suspected, immediately:

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- A. Consider early discontinuation of alteplase infusion
  - B. Diphenhydramine 50 mg IV
  - C. Famotidine 20 mg IV
  - D. Methylprednisolone 125 mg IV

3. If any further increase in angioedema:

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- A. Epinephrine (1mg/1ml) 0.3-0.5 mg IM 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 alteplase INFUSION.



Guidelines for the early management of patients with acute ischemic stroke: 2019 update to the 2018 guidelines for the early management of acute ischemic stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke. 2019. Pooja K. Levine J. Jovin T. Intravenous thrombolytic therapy for acute ischemic stroke: Continuum: Lifelong Learning Neurology 2008;14(6);53.

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