INPATIENT
Acute Stroke Protocol
UHS/UTHSCSA

Neurologic changes in patient:
- New or acute change in mental status or LOC
- Sudden unilateral weakness or numbness of the face arm or leg
- Sudden trouble seeing in one or both eyes
- Sudden confusion, agitation or delirium
- Sudden trouble speaking, slurred speech, or understanding
- Sudden unexplained lethargy/difficulty to arouse
- New onset facial droop
- Sudden severe headache with no known cause
- Sudden loss of balance, coordination, or dizziness

Exclusion criteria (contraindications) 0-3 hr and 3-4.5 hr treatment windows
- Symptoms suggest subarachnoid hemorrhage
- IV or IA thrombolyis/thrombectomy at an outside hospital prior to arrival
- Arterial puncture at non-compressible site in previous 7 days
- History of previous intracranial hemorrhage
- Intracranial neoplasm, arteriovenous malformation, or aneurysm
- Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- Elevated blood pressure (systolic >185 mm Hg or diastolic >110 mm Hg)
- Active internal bleeding
- Acute bleeding diathesis (low ptt count, increased PTT, INR >1.7 or use of NOAC). This includes current use of anticoagulant with INR>1.7 or PT>15 seconds; current use of direct thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive laboratory tests (such as aPTT, INR, platelet count, and ECT; TT; or appropriate factor Xa activity assays).
- Blood glucose concentration <50 mg/dL (2.7 mmol/L)
- CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)

Relative exclusion criteria (warnings) 0-3 hr and 3-4.5 hr treatment windows
- Care team unable to determine eligibility
- Stroke severity too mild
- Pregnancy
- Seizure at onset with postictal residual neurological impairments
- Major surgery or serious trauma within previous 14 days
- Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
- Recent acute myocardial infarction (within previous 3 months)
- Patient/family refusal
- Life expectancy <1 year or severe co-morbid illness or CMO on admission

Inclusion criteria < 0-3 hrs and 3-4.5 hrs from symptom onset or patient last known well
- Diagnosis of ischemic stroke causing measurable neurological deficit
- Onset of symptoms < 3-4.5 hours before beginning treatment
- Aged ≥ 18 years

Possible IV alteplase candidate:
Physician reviews patient condition with patient and/or family and discusses risks and benefits of IV alteplase. Discussion and criteria used to determine administration of IV alteplase are documented by the provider.

IV alteplase is located in the EC, SICU PYXIS. IV alteplase is weight based and may be given by the Physician or Rapid Response RN. Call Pharmacy at 743-4047 for IV alteplase support if needed.

Consider insertion of NG tube, foley, central line or PICC prior to IV alteplase or hold until 24 hours post IV alteplase infusion. May place ≤ 24 hours if benefits > risks. Consult provider.

Patient is admitted to monitored Neuroscience bed.
ECG monitoring
Maintain SBP < 180 and DBP < 105 mm Hg.
No antiocoagulants or antiplatelet medications for 24 hours post alteplase initiation.
Monitor for bleeding. Initiate anti-thrombotic therapy 24 hours after IV alteplase if appropriate. Patient to remain NPO until after passed dysphagia screen.

If angioedema suspected, please reference the “Management of symptomatic intracranial bleeding after IV Alteplase”
If ICH suspected, please reference “Management of Hemorrhagic Stroke: Consider neurosurgery consult

Hemorrhagic Stroke:
Not an IV alteplase candidate:
Document Inclusion/Exclusion criteria

Continue neuro checks and consider anti-thrombotic therapy or neurosurgical intervention as needed. Admit to appropriate level of care

Document VS and neuro checks q 15 min for the first 2 hours after IV alteplase initiation, then every 30 minutes x 6 hours, then hourly x 16 hours (until 24 hours post IV alteplase initiation).


Revised by Stroke Committee: 11/2019