



# IV T -PA INCLUSION / EXCLUSION CHECK-LIST

YES	NO	INCLUSION CRITERIA
		Age greater than or equal to 18-years
		Clinical diagnosis of stroke with measurable deficit
		Onset of symptoms less than or equal to 3 hrs (180 min.) prior to treatment
		Pretreatment CT – head reviewed
		Laboratory studies reviewed

YES	NO	ABSOLUTE EXCLUSION CRITERIA
		Evidence of ICH on pretreatment CT-head
		Clinical presentation suggestive of SAH
		Active internal bleeding
		Known bleeding diathesis including: <ul style="list-style-type: none"> <li>➤ Platelet count less than 100,000</li> <li>➤ On heparin (w/in 48-hrs) and elevated PTT</li> <li>➤ INR greater than or equal to 1.7</li> </ul>
		Intracranial surgery, serious head trauma or previous stroke within 3 months
		Any history of ICH, AVM, aneurysm
		BP: systolic greater than 185 or diastolic greater than 110, on repeated measure at time of treatment
		Glucose less than or equal to 50 <b>One-Touch</b>

YES	NO	CAUTIONS / WARNINGS
		Minor symptoms or rapid improvements
		Major surgery or serious trauma (excluding head trauma) within 14-days
		Hx of frank GI or GU hemorrhage within 21-days
		Arterial puncture, non-compressible site – 7-days
		Acute MI in previous 3 months (not concurrent)
		Seizure at onset of stroke symptoms
		Lumbar puncture within 7-days
		Pregnancy

<b>Time patient last seen normal:</b> (Onset of symptoms)	
<b>Time of arrival in Emergency:</b>	
<b>Seen by ED MD:</b>	
<b>CT Ordered:</b>	
<b>CT results to ED Phy.</b>	
<b>Baseline NIH Score:</b>	
<b>Post CT NIH Score:</b>	
<b>Pre bolus NIH Score:</b>	
<b>Time t-PA Started:</b>	
<b>Est. patient weight:</b> _____ <b>kg. or lbs. (circle)</b>	
<b>Total Dose</b> _____ <b>mg.</b>	
<b>Bolus Dose</b> _____ <b>mg.</b>	
<b>1-hour infusion</b> _____ <b>mg.</b>	
<b>Reason for Non-Treatment with Thrombolytics</b>	
<input type="checkbox"/>	Time
<input type="checkbox"/>	Uncontrolled Hypertension
<input type="checkbox"/>	Rapid Improvement
<input type="checkbox"/>	CT Findings
<input type="checkbox"/>	Stroke Severity
<input type="checkbox"/>	Seizure at Onset
<input type="checkbox"/>	Recent Surgery Trauma (<15-days)
<input type="checkbox"/>	Recent IC Surgery (3 mo.) Head trauma / Stroke
<input type="checkbox"/>	Patient / Family Refused
<input type="checkbox"/>	History of Intracranial Hemorrhage
<input type="checkbox"/>	Age
<input type="checkbox"/>	Active Internal Bleeding (<22-days)
<input type="checkbox"/>	Platelet Count (<100,000)
<input type="checkbox"/>	Abnormal aPTT or PT
<input type="checkbox"/>	Glucose <50 mg/dl or >400 mg/dl
<input type="checkbox"/>	No IV Access
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other:

Concerns or Questions? Call the Michigan Stroke Network at 1-866-522-8676