

Reference Sheet for MDs: Risk/Benefit of rt-PA: Facts for Patient and Family

(Source Stroke: Vol 28, No 11, Nov 1997)

Benefit of rt-PA <ul style="list-style-type: none"> • 17% - Normal at 24 hrs • 31% - Normal at 3 Months • Less Chance of Severe Disability or Death by 20% • Less Chance of Moderate Disability 	Benefit of NO rt-PA <ul style="list-style-type: none"> • 3% - Normal at 24 hrs • 20% - Normal at 3 Months
Risk of rt-PA <ul style="list-style-type: none"> • Mortality – 17% • Severe Disability or Death – 40% • Deterioration w/in 36 hrs – 17% • Symptomatic ICH – 6.4% 	Risk of NO rt-PA <ul style="list-style-type: none"> • Mortality – 21% • Severe Disability or Death – 48% • Deterioration Within 36 hrs – 18% • Symptomatic ICH – 0.6%

Frequency of ICH by Baseline NIHSS Score:

(Source: Stroke, Vol 28, No 11, Nov 1997)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">0 – 5</td><td style="text-align: right;">2%</td></tr> <tr><td>6 – 10</td><td style="text-align: right;">3%</td></tr> <tr><td>11 – 15</td><td style="text-align: right;">5%</td></tr> <tr><td>16 – 20</td><td style="text-align: right;">4%</td></tr> <tr><td>> 20</td><td style="text-align: right;">17%</td></tr> </table>	0 – 5	2%	6 – 10	3%	11 – 15	5%	16 – 20	4%	> 20	17%	<p>Note: Patients with NIHSS Score >20 return to normal more frequently with rt-PA; the rate of death or severe disability is still high (65 – 70%) either way. There is no upper age limit for treatment</p>
0 – 5	2%										
6 – 10	3%										
11 – 15	5%										
16 – 20	4%										
> 20	17%										

Management of ICH:

(Source: Lewandowski, C. and Barsan, W. (2001). Treatment of acute ischemic stroke. *Annals of Emergency Medicine*. 37: 202-216.)

Possible IC Hemorrhage if:	<ul style="list-style-type: none"> ◆ On NIHSS decrease in LOC (1a) ≥ 1 ◆ Increase in NIHSS ≥ 4 ◆ Acute HTN, ◆ Nausea, ◆ Vomiting, or ◆ New Headache.
If above S&S present suspect IC Hemorrhage and perform the following tasks:	<ul style="list-style-type: none"> ◆ Discontinue rt-PA, ◆ Obtain immediate CT, ◆ Draw blood for PT, PTT, Fibrinogen, ◆ T&C, ◆ Prepare 10 units of Cryoprecipitate, ◆ Prepare 10 units of Platelets
If ICH verified by CT:	<ul style="list-style-type: none"> ◆ Obtain lab results, ◆ Consider Cryoprecipitate and Platelets, ◆ Consult Neurosurgery, ◆ Consider Hematology Consult, ◆ Consider Second CT to Assess Progress

Early CT signs of ischemia: If the CT scan shows early signs of ischemia (hypodensity, edema of gyri, loss of gray-white junction) please recheck time of onset of symptoms. These changes are related to time from onset or severity of ischemia Patients with these signs still do better with rt-PA within 3 hrs.