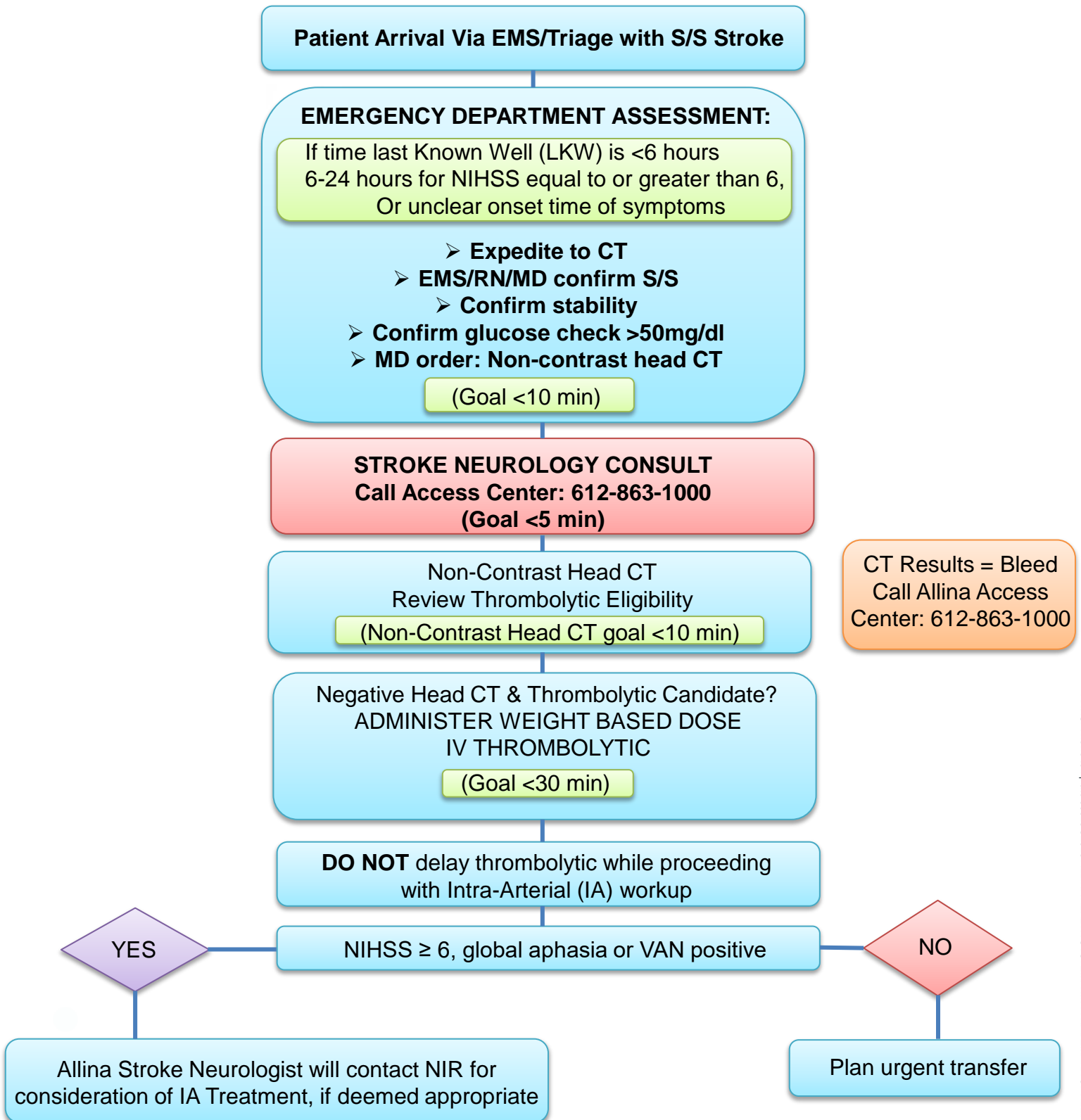




Referring Hospital Acute Ischemic Stroke Protocol



IV-thrombolytic for Acute Ischemic Stroke Reference

INDICATION

New signs of stroke
within 4.5 hours of LKW.

Consider with disabling symptoms or wake up strokes.

CHECKLIST:

- ✓ Weight documented
- ✓ Double check thrombolytic dosage
- ✓ Blood pressure $\leq 185/110$ prior to start
- ✓ Glucose >50 mg/dl
- ✓ Confirm no bleed
- ✓ Flush dextrose containing IV line with 10mls NaCl prior to and after thrombolytic
- ✓ Mutual Neurochecks when patient is transferred

BLOOD PRESSURE PARAMETERS:

- ✓ Prior to bolus $\leq 185/110$
 - o → labetalol IVP 10-20mg over 2min, hold for HR <50 or S/S bronchospasm, q10min x2
 - o → nicardipine gtt 2.5-15mg, titrate Q15min
- ✓ Post administration: $\leq 180/105$

VITAL SIGNS & NEURO CHECKS:

- ✓ Prior: q10-20
- ✓ Immediately before bolus
- ✓ Q15min for 2 hrs
- ✓ Q30min for 6 hrs
- ✓ Q1hr for 16 hrs post thrombolytic
- ✓ Total 24 hrs
- Neuro Checks:** LOC, orientation, communication, facial motor and gross motor strength

POST THROMBOLYTIC CARE:

- ✓ 10 ml NS flush post thrombolytic
- ✓ Direct pressure or pressure dressings for puncture sites
- ✓ Review with MD: foley, NG, venous or arterial puncture
- ✓ 24 hours post: no antithrombotic
- ✓ Notify physician for any acute neuro change
- ✓ Notify physician with any signs of systemic bleeding
- ✓ Monitor for orolingual angioedema
- ✓ Orthostatic BP with first time out of bed

IV-thrombolytic Contraindication / Considerations for Acute Ischemic Stroke

B	Bleeding / Bleeding Risk	<ul style="list-style-type: none"> • Acute bleeding diathesis or coagulopathy • Platelets <100 thou/cu mm • Active internal bleeding • Active or recent vaginal bleeding with clinically significant anemia (consult GYN and consider stroke severity) • Arterial puncture at <u>non-compressible</u> site • GI bleeding within 21 days (limited data >7 days may be acceptable)
A	Anticoagulation	<ul style="list-style-type: none"> • Anticoagulation with INR >1.7 or aPTT >40 sec • Therapeutic LMW Heparin within 24 hours • Direct thrombin inhibitors or Direct Factor Xa Inhibitors (NOAC) within 48 hours
S	Surgery / Pregnancy	<ul style="list-style-type: none"> • Intracranial or spinal surgery • Major surgery or serious trauma within 14 days • Current pregnancy or early postpartum (<14 days) (consult OB/GYN)
I	Intracranial Hx	<ul style="list-style-type: none"> • Intracranial hemorrhage (excluding microbleeds) current or recent history • Early extensive ischemic changes • Ischemic stroke within 3 months • Intracranial neoplasm (consider hx, location and bleeding risk) • Intracranial vascular malformation unruptured and untreated (consider stroke severity)
C	Cardiovascular Hx	<ul style="list-style-type: none"> • Infective endocarditis • Stroke associated with aortic arch dissection • Elevated blood pressure despite aggressive treatment (SBP >185 or DBP >110) • Severe stroke with acute pericarditis (consult cardiology) • Left atrial or ventricular thrombus (consider stroke severity)
T	Trauma	<ul style="list-style-type: none"> • Severe head trauma • Acute post-traumatic infarction

Red = Contraindication

Black = Relative Contraindication/Consideration (weigh risks/benefits)

Reference: 2019 Update to the 2018 Guidelines for Management of Acute Ischemic Stroke. A Guideline for Healthcare Professionals from the American Heart/American Stroke Association. Stroke, Vol. 49

STAT Stroke Code Possible Orders:

In-House Order Set: #31859

ED Order Set: #62606

SUP POST Thrombolytic

Complication: #30951