**Stroke Inclusion/Exclusion Criteria for tPA**

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<td><strong>Stroke Inclusion/Exclusion Criteria for tPA</strong></td>
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Allergies:  
Provider:

### I. Inclusion Criteria for IV tPA (IF ALL CHECKED CONTINUE TO SECTION II)
- Age 18 years or older
- Clinical diagnosis of ischemic stroke with a measurable neurological deficit
- Time of onset (when patient was last seen as normal) <180 minutes (3 hours) before treatment would begin

### II. Exclusion Criteria for patients with onset up to 3 – 4.5 hours (IF ANY ARE CHECKED PATIENT IS INELIGIBLE FOR tPA TREATMENT)

#### Contraindications:
- Evidence of intracranial hemorrhage on noncontrast CT
- Clinical suspicion of subarachnoid hemorrhage even with normal CT
- CT shows multilobar infarction (hypodensity greater than 1/3 cerebral hemisphere)
- History of intracranial hemorrhage/stroke
- Uncontrolled HTN: At time treatment begins SBP remains >185mm Hg or DBP remains >110mm Hg despite repeated measurements
- Known arteriovenous malformation, neoplasm, or aneurysm
- Witnessed seizure at stroke onset
- Acute bleeding tendencies
  - Platelet count <100,000/mm³
  - Heparin received in prior 48 hours with elevated PTT
  - Current use of an anticoagulant (Coumadin/Warfarin)
- Within prior 3 months: intracranial or spinal surgery, head trauma, or previous stroke
- Arterial puncture at noncompressible site within last 7 days
- Woman of child bearing age who has a positive pregnancy test

#### Relative Contraindications/Precautions:
- NIH stroke scale>22 (severe deficit) or<4 and no dysphasia (mild deficit) or rapidly improving Symptoms (spontaneous clearing)
- 14 days post operative or post trauma
- Recent GI or urinary tract hemorrhage (prior 21 days)
- Recent AMI (prior 3 months)
- Postmyocardial infarction pericarditis
- Glucose<50 mg/dl OR >400 mg/dl
- Age>80
- History of ischemic stroke AND diabetes

### III. Patient ELIGIBLE for tPA (NO exclusion criteria checked/ALL inclusion criteria met)
Initiate Stroke – THROMBOLYTIC THERAPY order set

### IV. Patient INELIGIBLE for tPA (ANY exclusion criteria checked)
Initiate Stroke – BLOOD PRESSURE MANAGEMENT order set

**PHYSICIAN SIGNATURE:** ______________________________________  
**Date/Time:** ________________________  

*****PATIENT LABEL*****