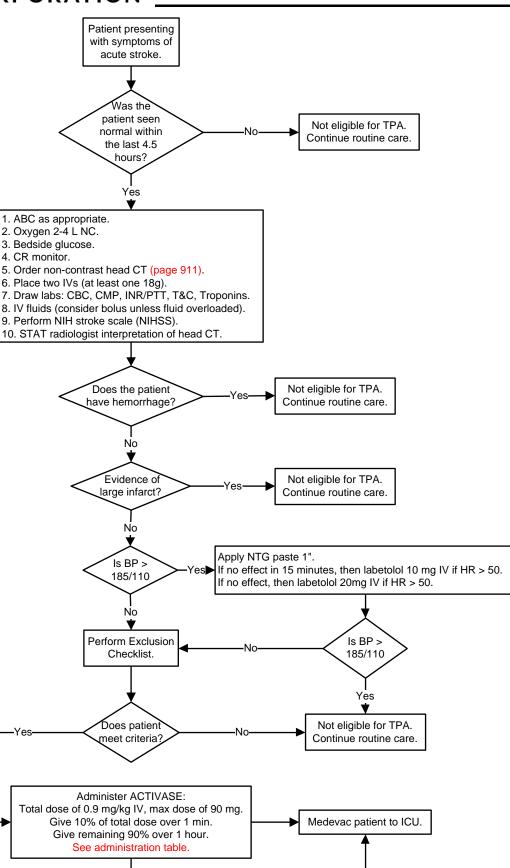
Clinical Guideline

Acute Ischemic Stroke



If patient develops new severe headache, emesis,

hypertension or worsening of neurologic exam suspect

intracranial hemorrhage.

Stop ACTIVASE. Order STAT repeat head CT.

Exclusion criteria

Any hemorrhage on CT BP > 185/110

NIHSS* < 4 or rapidly improving exam Hx suggestive of SAH even with normal CT INR > 1.7 or on heparin with elevated PTT Platelets < 100,000

Seizure at onset of symptoms History of any of the following:

> intracranial hemmorrhage intracranial Neoplasm or AVM major surgery <14 days head trauma in last 3 months arterial puncture at noncompressable site < 7 days GI or GU hemorrage <21 days LP in last 24 hrs

Glucose <50 or >400 (may continue if symptoms persist after glucose corrected) Presumed septic emboli

Additional 3-4.5 hr Exclusion Criteria

- age >80 yrs old
- NIHSS* >25
- Prior stroke + DM
- anticoagulation regardless of IHR

Ref: 1). FCASS 3 trial. Lancet Newrol 2009; 8: 1095. 2). Uptodate ,www.uptodate.com/contents/reperfusion-therapy-for-acute-stroke>

*NIH Stroke Scale (NIHSS) calculator: <www.mdcalc.com/nih-stroke-scale-score-nihss>

Perform informed consent

with patient and family.

Consider consultation

with neurologist if

available.

This guideline is designed for the general use or most patients but may need to be adapted

to meet the special needs of a specific patient

as determined by the medical practitioner. Approved by MSEC 6/22/11.

If comments about this guideline, please

contact Tara_Lathrop@ykhc.org.