

**MEDICAL/SURGICAL NURSING CLINICAL POLICY & PROCEDURE**

**Distribution EHC  
A4, ER**

**Title:TISSUE PLASMINOGEN ACTIVATOR IN ACUTE  
ISCHEMIC STROKE**

**No. TPAS.1  
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Patient Population	Neonate	Pediatric	Adolescent	Adult	√	Geriatric	√
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**I PURPOSE**

To provide guidelines for the administration to a thrombolytic medication to dissolve thromboemboli in patients with recent thromboembolic CVA.

**Inclusion Criteria**

- Clearly defined ischemic stroke onset within 3 hrs. prior to treatment (patients who awoken with their deficit should have onset defined as time when they were last known to be symptom-free)
- Stable or worsening deficit measurable on NIH Stroke Scale
- CT scan consistent with acute ischemic stroke (negative scan or early signs of ischemia)

**Exclusion Criteria**

- Current use of oral anticoagulants or a prothrombin time >15 seconds (INR > 1.7)
- Use of heparin in the previous 48 hrs. and prolonged partial thromboplastin time
- A platelet count < 100,000/mm
- Another stroke or any serious head injury in the previous 3 months
- Major surgery within the preceding 14 days
- Pre-treatment systolic blood pressure > 185 mm Hg or diastolic blood pressure > 110 mm Hg
- Neurological signs that are improving rapidly
- Isolated mild neurological deficits, such as ataxia alone, sensory loss alone, dysarthria alone or minimal weakness
- Suspicion or Hx of intracranial hemorrhage (ICH, SAH, intracranial aneurysm, AVM, tumor)
- A blood glucose < 50 mg/dl or > 400 mg/dl
- Seizure at the onset of stroke
- Gastrointestinal, urinary bleeding or other significant internal bleeding within the preceding 21 days
- Recent myocardial infarction
- CT demonstrates early changes of a recent major infarction, such as sulcal effacement, mass effect or edema.

**II POLICY**

- Informed consent is required, however, do not withhold treatment to an eligible patient because he/she cannot sign (e.g. aphasia) and family is not available.
- An attending or resident neurologist evaluates patients immediately.
- An attending neurologist is called for concurrence
- Thrombolytic therapy is ordered by a neurologist and administered in the Emergency Dept. or Stroke Unit (CCA).
- Neurologist or ER physician administers the IV bolus of thrombolytic medication.
- Qualified medical and nursing staff in the Emergency Dept. or Stroke Unit (CCA) manages thrombolytic therapy.
- Patients are transferred to Stroke Unit (CCA) as soon as possible.