



Caring People. Quality Service

### CAYMAN ISLANDS HOSPITAL ACUTE ISCHEMIC STROKE PROTOCOL

Name \_\_\_\_\_ MRN \_\_\_\_\_ DOB \_\_\_\_\_  
Weight \_\_\_\_\_ Allergies \_\_\_\_\_

**Time of onset of symptoms (or time last seen normal) .....AM/PM**

- Onset of symptoms <3 hours –Assess if meet t-PA criteria on page 2
- Onset of symptoms >3 - 4.5 hours – Assess if meet t-PA criteria on page 3
- STAT blood for lab: CBC, PT, PTT, CMP, Glucose (stat fingerprick for glucose)
- STAT non-contrast CT scan
- STAT 12 Lead ECG (do not delay t-PA to perform)
- Chest Xray (do not delay t-PA to perform)
- NPO (until swallow evaluation)
- IVF Normal Saline @ ----- mls/hr
- NIH Stroke Score completed. Total score---
- SBP>185mmhg or DBP>110mmhg. Give-----
- Paracetamol 1gm Q4-6H (4gm OD max) if Temp.> 37.5

**NO ANTICOAGULANT /ANTIPLATELET UNTIL DECISION IS MADE FOR t-PA**

CHECK BOX BELOW AFTER CHECKING INCLUSION/EXCLUSION CRITERIA BOXES

- Patient meets t-PA criteria
- Patient does not meet criteria

Physician Signature-----

<u>ALTEPLASE t-PA Infusion Worksheet</u>		
<u>Stroke (t-PA) Protocol Orders</u>		
Weight .....kg		
0.9mg/kg x .....kg (patient's weight) = .....mg (total dose) <u>maximum dose 90mg</u>		
<b><u>Bolus Dose</u></b>		
.....mg total dose x 0.1 = .....mg bolus dose over 1 minute (10% of total dose)		
<b><u>Continuous Infusion Dose</u></b>		
.....mg (total dose) - .....mg (bolus) = .....mg infused over 1 hour		
Physician Name _____	Signature _____	Date _____
Nurse 1 Name _____	Signature _____	Date _____
Nurse 2 Name _____	Signature _____	Date _____

## USE FOR PATIENTS WITH ONSET OF SYMPTOMS WITHIN 3 HOURS

### INCLUSION CRITERIA

- Diagnosis of ischemic stroke causing measurable neurological deficit
- Onset of symptom <3 hours before beginning treatment
- Age >18 years

### EXCLUSION CRITERIA

- Symptoms suggestive of subarachnoid haemorrhage
- Intracranial neoplasm, arteriovenous malformation or aneurysm
- Recent intracranial, intraspinal surgery 2-3 months (**check with neurosurgeon**)
- Head trauma within 3 months (**check with neurosurgeon**)
- Prior stroke in previous 3 months
- Arterial puncture at a non-compressible site in previous 7 days
- History of previous intracranial haemorrhage
- SBP> 185mmhg DBP> 110mmhg (**until <185mmhg <110mmhg is achieved**)
- Evidence of active bleeding or acute trauma (fracture) on examination
- On oral anticoagulant (*eg. Dabigatran (pradax), rivaroxaban( xarelto), apixaban (eliquis), warfarin*) or if oral anticoagulant being taken INR>1.7 or PT>15 seconds
- Platelet count <100 000/mm<sup>3</sup>
- Acute bleeding diathesis
- Heparin received within 48hours, resulting in elevated aPTT
- Blood glucose < 3mmol/L (**until >3mmol/L is achieved**)
- Seizure with postictal residual neurological impairments
- CT scan shows a multilobar infarction (hypodensity > 1/3 cerebral hemisphere)
- Pregnancy / lactating women ■■■
- Minor or rapidly resolving symptoms (**Discuss with Internist & Neurosurgeon**) ■■■
- Major surgery or serious trauma within previous 14 days ■■■
- Myocardial Infarction in the previous 3 months ■■■
- Gastrointestinal or urinary tract haemorrhage in previous 21 days ■■■

■■■ *These are considered relative exclusion criteria. Under some circumstances weighting the risks versus benefit, patients may receive fibrinolytic therapy despite one or more relative contraindications. If any of these are present consider the risk versus benefit carefully.*

## **USE FOR PATIENTS WITH SYMPTOMS > 3 - 4.5 HOURS**

### **INCLUSION CRITERIA**

- Diagnosis of ischemia stroke causing measurable neurological deficit
- Onset of symptom within 3-4.5 hours before beginning treatment
- Age >18 years

### **EXCLUSION CRITERIA**

- Age >80 years
- Severe Stroke with NIHSS>25
- Current use of oral anticoagulant regardless of INR
- History of combination of diabetes and prior ischemic stroke
- Symptoms suggestive of subarachnoid haemorrhage
- Intracranial neoplasm, arteriovenous malformation or aneurysm
- Recent intracranial, intraspinal within 2-3 months (**check with neurosurgeon**)
- Head trauma within 3 months (**check with neurosurgeon**)
- Prior stroke in previous 3 months
- Arterial puncture at a non-compressible site in previous 7 days
- History of previous intracranial haemorrhage
- SBP> 185mmhg DBP> 110mmhg (**until <185mmhg <110mmhg is achieved**)
- Evidence of active bleeding or acute trauma (fracture) on examination
- Platelet count <100 000/mm<sup>3</sup>
- Acute bleeding diathesis
- Blood glucose < 3mmol/L (**until >3mmol/L is achieved**)
- Seizure with postictal residual neurological impairments
- CT scan shows a multilobar infarction (hypodensity > 1/3 cerebral hemisphere)
- Pregnancy / lactating women ■■■
- Minor or rapidly resolving symptoms (**Discuss with Internist & Neurosurgeon**) ■■■
- Major surgery or serious trauma within previous 14 days ■■■
- Myocardial Infarction in the previous 3 months ■■■
- Gastrointestinal or urinary tract haemorrhage in previous 21 days ■■■

■■■ ***These are considered relative exclusion criteria. Under some circumstances weighting the risks versus benefit, patients may receive fibrinolytic therapy despite one or more relative contraindications. If any of these are present consider the risk versus benefit carefully.***

## TIME TARGETS FOR POTENTIAL tPA ACUTE STROKE PATIENTS

PLEASE TICK BOX IF TIME WAS ACHIEVED, IF NOT PLACE TIME ACHIEVED

Door to doctor first sees patient                      10 minutes

Door to CT completed                                      25 minutes

Door to CT read                                              45 minutes

Door to Thrombolytic therapy starts                      60 minutes

## CONSENT TO THROMBOLYTIC THERAPY

I consent to the administration of Alteplase Thrombolytic Therapy and I understand that the outcome of any treatment can never be guaranteed. The potential risks and benefits of the treatment have been explained to me and I understand.

Signature -----Date-----Time-----AM /PM

Patient / NOK \*

I confirm that I have explained the nature and purpose of this treatment to the person(s) who signed the above consent.

Signature -----Date-----Time-----AM /PM

Medical Practitioner

\*Delete whichever is inapplicable