

CRITERIA: Initiate for ALL PATIENTS with a STROKE being considered for THROMBOLYSIS

date initiated: ___/___/___
 site : St.John's , RIE , WGH

Name _____
 DoB _____
 Address _____
 Unit number _____ CHI _____

INSTRUCTIONS Insert information into appropriate spaces as required. Do not sign until actually done!
 This ICP is an immediate action checklist & a clinical record, & also requires a Kardex & SEWS chart

PHASE 1 – Immediate patient assessment indicates that this patient has the symptoms suggestive of a stroke & where the FAST test is positive for suspected stroke.

Times of **Symptom onset** date ___/___/___ time ___:___hrs
 and **Arrival** date ___/___/___ time ___:___hrs

Time difference ___:___ hrs

CONTRA INDICATIONS

Circle Yes, No or Not known as appropriate

• History suggestive of subarachnoid haemorrhage	Yes	No	Not known
• Seizure at stroke onset	Yes	No	Not known
• BP > 185 mmHg systolic (or diastolic > 110 mmHg)	Yes	No	Not known
• BM < 2.8 or > 22 mmol/l	Yes	No	Not known
• Platelet count < 100,000	Yes	No	Not known
• If on Warfarin, INR >1.3	Yes	No	Not known
[contact Haematology bleep for urgent processing: SJH – ext 53353 / page 3729; RIE – bleep 6550; WGH – in hours ext 31482, out of hours page 8477]			
• Bacterial Endocarditis / Pericarditis	Yes	No	Not known
• Treated with LMW Heparin within last 48 hours & APTT is still raised	Yes	No	Not known
• NIH Stroke Scale <5 [<i>very minor neurological deficit</i>] or > 25	Yes	No	Not known
• Neurological symptoms very rapidly improving	Yes	No	Not known
or History of:			
⇒ Previous stroke plus Diabetes	Yes	No	Not known
⇒ Another stroke or head injury in last 3 months	Yes	No	Not known
⇒ GI, urinary or menstrual bleeding in last 21 days	Yes	No	Not known
⇒ Surgery or significant trauma in last 14 days	Yes	No	Not known
⇒ Arterial puncture at non-compressible site in last 10 days	Yes	No	Not known
⇒ Severe liver disease (hepatic failure, cirrhosis, varices etc)	Yes	No	Not known
⇒ Possibility of pregnancy	Yes	No	Not known

If there are any circles in the 'Yes' column, please discuss urgently with Stroke Consultant.

The time since onset was <3hr, and a possible contraindication was present, so discussed (telemedicine or face-to-face*) with Stroke Consultant, Dr. _____, who agreed the patient was eligible for Thrombolysis.

This ICP was initiated at : Signed [* please delete as appropriate]

CONDITIONS

Circle Y or N as appropriate

- Intracerebral haemorrhage (ICA) or structural lesion must be excluded:
 Any evidence of structural lesion or ICH on CT scan? Y N initial
- Patient must be in agreed venue for thrombolysis delivery Y N initial
- Consent must be obtained (or assent from next of kin if unable to communicate) Y N initial
 [discussion of risk and benefit must have taken place, and be documented.]

CONCLUSION of CONTRAINDICATIONS & CONDITIONS: Is patient to receive Thrombolysis? Y N

Signed _____ print _____ designation _____
 date _____ time _____

If YES, proceed to administer Thrombolysis as per the protocol and continue overleaf.

If **NO**, discontinue this document & return to 'Acute Stroke' ICP:

note those ineligible for thrombolysis under current license may be eligible for **IST-3 THROMBOLYSIS TRIAL**. Patients aged > 80 years and patients who may reasonably be considered to have all necessary initial investigations (eg brain CT) & receive Thrombolysis within 6 hours of definite stroke time of onset can be considered.

If patient is being randomised to IST-3, complete IST-3 documentation

Phase 2 – DELIVERY of THROMBOLYSIS date given: ____/____/____

Ensure tPA is prescribed on the Kardex initial when done

NIHSS score : Do not give thrombolysis if <5, or, >20 initial

Weight / estimated weight kg [note dose = 0.9mg/kg body weight] initial
(maximum of 90mg)

tPA should be administered at above dose (note: **lower** than for acute myocardial infarction):

To calculate dose of tPA = weight (kg) x 0.9 = mg initial

- 10% of the total dose administered as an initial intravenous bolus, given by the doctor over 1 to 2 minutes.
- The remaining dose delivered by infusion over 1 hour.

Observations and notes

During infusion, patients should have high dependency monitoring by nursing staff for 12 hours, using a SEWS chart [special nursing should be requested]

In the first 24 hours, the following treatments should be avoided

- Urinary catheterization
- Central venous access
- Aspirin
- NG insertion
- Arterial puncture

For the first 48 hours, intramuscular injections and anticoagulant therapy [Heparin & LMWH] are to be avoided.

- IST-3 requires a routine brain CT 24-48 hours after administration of the trial drug.

Wherever possible, these should be arranged in advance with radiology

Management of most common complications:

- See instruction cards in Thrombolysis trolley.

ADDITIONAL INFORMATION DURING THROMBOLYSIS that is not held elsewhere in document

Date & time	Ensure all entries are signed/printed, dated & timed

TRANSFER to ward & use of 'Acute Stroke care' ICP: date/...../..... time :