ICP for Thrombolysis for STROKE

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

Date initiated: ___/___/___
Site: St. John’s □, RIE □, WGH □

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

CONTRA INDICATIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>History suggestive of subarachnoid haemorrhage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure at stroke onset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP &gt; 185 mmHg systolic (or diastolic &gt; 110 mmHg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BM &lt; 2.8 or &gt; 22 mmol/l</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platelet count &lt; 100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If on Warfarin, INR &gt; 1.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial Endocarditis / Pericarditis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treated with LMW Heparin within last 48 hours &amp; APTT is still raised</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIH Stroke Scale &lt;5 [ very minor neurological deficit ] or &gt; 25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological symptoms very rapidly improving</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

CONDITIONS

1. Intracerebral haemorrhage (ICA) or structural lesion must be excluded:
   Any evidence of structural lesion or ICH on CT scan? Y N

2. Patient must be in agreed venue for thrombolysis delivery
   Y N

3. Consent must be obtained (or assent from next of kin if unable to communicate)
   [discussion of risk and benefit must have taken place, and be documented.]
   Y N

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

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

Thrombolysis for Stroke ICP v3.0 (April 2009)
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**

Ensure rtPA is prescribed on the Kardex

<table>
<thead>
<tr>
<th>NIHSS score :</th>
<th>Do not give thrombolysis if &lt;5, or, &gt;20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight □ / estimated weight □</td>
<td>kg [note dose = 0.9mg/kg body weight] (maximum of 90mg)</td>
</tr>
</tbody>
</table>

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

- 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
- NG insertion
- Arterial puncture
- Aspirin

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

<table>
<thead>
<tr>
<th>Date &amp; time</th>
<th>Ensure all entries are signed/printed, dated &amp; timed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

TRANSFER to ward & use of ‘Acute Stroke care’ ICP: date ……/ ………/ ……

---

Thrombolysis for Stroke ICP v3.0 (April 2009)