

<b>Name</b> <b>MRN</b> <b>DOB</b>  <p style="text-align: center;">Patient Identification</p>	VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298  <b>Acute Ischemic Stroke Care Plan</b> <b>Pre-IV TPA Checklist</b>
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Onset of Symptoms: Date: \_\_\_\_\_ Time: \_\_\_\_\_ NIH Stroke Scale: \_\_\_\_\_

**Inclusion criteria (YES to all):**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Acute ischemic brain infarct with onset, clearly defined, < 3 hours before IV-TPA begun
<input type="checkbox"/>	<input type="checkbox"/>	A significant neurologic deficit expected to result in major long term disability (e.g., motor, language, cognition, neglect, or visual field deficit)
<input type="checkbox"/>	<input type="checkbox"/>	Non-contrast Head CT scan showing no hemorrhage or well-established infarct

CT reviewed: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_, M.D.

**Absolute Exclusion Criteria (NO to all):**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Mild (e.g. NIHSS <4 and normal speech and visual fields) or rapidly improving deficits
<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhage on Head CT
<input type="checkbox"/>	<input type="checkbox"/>	Well-established acute infarct on Head CT
<input type="checkbox"/>	<input type="checkbox"/>	Any other Head CT diagnosis that contraindicates treatment (tumor, abscess, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Known CNS vascular malformation or tumor
<input type="checkbox"/>	<input type="checkbox"/>	Bacterial endocarditis
<input type="checkbox"/>	<input type="checkbox"/>	Diastolic BP >140 on two readings 5 minutes apart

**Relative Contraindications:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Significant trauma within 3 months (includes CPR/chest compressions in past 10 days)
<input type="checkbox"/>	<input type="checkbox"/>	Previous stroke within 3 months
<input type="checkbox"/>	<input type="checkbox"/>	History of intracranial hemorrhage or symptoms suspicious for SAH
<input type="checkbox"/>	<input type="checkbox"/>	Major surgery within past 14 days
<input type="checkbox"/>	<input type="checkbox"/>	Minor surgery within past 10 days, including liver and kidney biopsy, thoracocentesis
<input type="checkbox"/>	<input type="checkbox"/>	Arterial puncture at a noncompressible site within past 14 days
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant (up to 10 days postpartum) or nursing woman
<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal, urologic, or respiratory hemorrhage within past 21 days
<input type="checkbox"/>	<input type="checkbox"/>	Known bleeding diathesis (includes renal and hepatic insufficiency)
<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal dialysis or hemodialysis
<input type="checkbox"/>	<input type="checkbox"/>	Use of warfarin
<input type="checkbox"/>	<input type="checkbox"/>	Use of heparin within 48 hours
<input type="checkbox"/>	<input type="checkbox"/>	PTT > 40 sec; PT > 15; INR > 1.7; platelet count < 100,000
<input type="checkbox"/>	<input type="checkbox"/>	Systolic BP >185 OR DBP > 110, despite basic measures to lower it acutely
<input type="checkbox"/>	<input type="checkbox"/>	Seizure at onset of stroke (to prevent treating pts. with a deficit due to post-ictal Todd's paralysis or seizure due to some other CNS lesion. If rapid diagnosis of acute ischemic infarct is made, IV-TPA may be given)
<input type="checkbox"/>	<input type="checkbox"/>	Glucose < 50 or > 400 (to prevent treatment of patients with focal deficits due to hypo- or hyperglycemia)
<input type="checkbox"/>	<input type="checkbox"/>	Consideration should be given to the increased risk of hemorrhage in patients with severe deficits (NIHSS > 22), age > 75, or early edema with mass effect on Head CT

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Informed consent obtained
<input type="checkbox"/>	<input type="checkbox"/>	IV-TPA given Date: _____ Time: _____

\_\_\_\_\_  
 Signature Printed Name/Stamp or Provider # Date Time