

Acute Stroke Protocol of Southeastern Ontario
KGH Emergency Guide for Thrombolytic Therapy (IV Thrombolysis) and/or
Endovascular Thrombectomy (EVT)

Inclusion Criteria for TNK or rt-PA	Exclusion Criteria for TNK or rt-PA
<ol style="list-style-type: none"> 1. Patient suspected of having ischemic stroke 2. The stroke is disabling, and deficit is of a severity that would lead to significant compromise in patient's quality of life 3. Clear and credible time of stroke onset can be established, and patient can receive IV thrombolysis within 4.5 hours. Time of onset is time patient was last seen well 4. Pregnancy is NOT a contraindication 5. Age <18 years is NOT a contraindication If a child presents with stroke symptoms, Neurology-Stroke Service + Paediatric Intensive Care Service to jointly decide on next steps (e.g., consider contacting The Hospital for Sick Children in Toronto) 	<p>Absolute Exclusion</p> <ol style="list-style-type: none"> 1. Hemorrhage on brain imaging 2. Any source of active bleeding or condition that could increase risk of major bleeding post thrombolysis <p>Relative Exclusion **requires clinical judgement based on the situation**</p> <ol style="list-style-type: none"> 1. Major surgery during previous 2 weeks 2. Major cerebral infarct or head/spinal injury in past 3 months 3. History of intracranial hemorrhage 4. Puncture of non-compressible artery or biopsy site within 7 days, including lumbar puncture 5. Blood pressure remains at systolic >180 and/or diastolic >105 despite treatment 6. Stroke symptoms due to another non-ischemic acute neurological condition such as seizure with post-ictal Todd's paralysis or focal neurological signs due to severe hypo- or hyperglycemia 7. Serious co-morbidity with limited lifespan 8. Blood glucose <2.7 or >22.2 mmol/L 9. •INR >1.7 •Increased PTT •Platelet Count <100,000 •Taking a direct non-vitamin K oral anticoagulant
Inclusion Criteria for EVT	Exclusion Criteria for EVT
<ol style="list-style-type: none"> 1. Presenting <6 hours from stroke onset <ul style="list-style-type: none"> ▪ Highly selected patients presenting between 6-24 hours based on clinical & imaging criteria 2. Candidacy determined case-by-case using: <ul style="list-style-type: none"> ▪ RAPID and ASPECTS imaging parameters ▪ NIHSS, preadmission function 3. Age 18yrs or greater (if <18yrs see #5 above) 	<ol style="list-style-type: none"> 1. Complete resolution of neurological signs (TIA) 2. Serious co-morbidity with limited lifespan (e.g., advanced cancer, advanced dementia)

Thrombolytic Therapy and/or EVT Checklist (See Acute Stroke Protocol Package for more Details)
<ul style="list-style-type: none"> <input type="checkbox"/> Draw bloodwork: CBC, PT, PTT, INR, electrolytes, Creatinine, Glucose, Troponin, and βHCG (pregnancy test) if indicated <input type="checkbox"/> Establish 2 IVs. Secondary IV should be started with 18-gauge needle in right antecubital fossa unless contraindicated <input type="checkbox"/> Establish continuous ECG and O2 saturation monitoring <input type="checkbox"/> Transport to CT Suite for non-contrast head CT + CT Angiography (CTA) + RAPID CT Perfusion (CTP); Take stretcher, monitor, transport kit, TNK or rt-PA, & stroke medication kit to CT. If directed to take rt-PA, bring IV pump <input type="checkbox"/> Neurologist obtains consent from patient, or where necessary an appropriate family member <input type="checkbox"/> Consider urinary foley catheter only if known that patient is candidate for EVT after CTA/CTP is done <input type="checkbox"/> Determine patient's weight for TNK or rt-PA <input type="checkbox"/> Treat Blood Pressure systolic >180 and/or diastolic >105 with IV Labetalol or IV Hydralazine as per Appendix A of Guidelines for the Use of IV Thrombolysis/EVT in Acute Stroke Protocol package <input type="checkbox"/> See inside Acute Stroke Protocol package for IV TNK or rt-PA administration guideline <input type="checkbox"/> Monitor CNS and blood pressure q15min during & post IV thrombolysis/EVT for 2 hours <input type="checkbox"/> Monitor for Angioedema and treat as per Appendix C of Guidelines for the Use of IV thrombolysis/EVT <input type="checkbox"/> Keep patient NPO