SHANDS AT THE UNIVERSITY OF FLORIDA STROKE PROGRAM

**tPA PROTOCOL CHECKLIST**

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**Stroke Program**

Patient Name: _____________________________________________

Patient Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___

Hospital: _________________________________________________

Rater Name: ______________________________________________

Date of Exam: _____________________________________________

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**Inclusion criteria**

- Stroke onset within 4.5 hours of initiation of IV tPA—deficit not improving
- Patient over 18 years of age
- Clinical diagnosis of ischemic stroke; CT excludes hemorrhage
- Deficit sufficient to justify risk of tPA
- Patient consents to use of tPA

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**Exclusion criteria**

- Hemorrhage on CT
- Prior stroke within 90 days
- Head trauma (or other significant trauma) within 90 days
- History of intracranial hemorrhage, arteriovenous malformation, neoplasm, or aneurysm
- Symptoms of subarachnoid hemorrhage
- Major surgery within 14 days
- Gastrointestinal, respiratory, or urinary tract hemorrhage within 21 days
- Pregnancy or postpartum within 30 days
- Arterial puncture or venous puncture at non-compressible site in last 7 days
- Lumbar puncture or minor surgery (including liver/kidney biopsy and thoracentesis) within 10 days
- Patient on anticoagulants (Coumadin or Lovenox)
- Heparin received within 48 hours
- Seizure at onset [unless definite diagnosis of vascular occlusion made by imaging studies]
- Recent MI, endocarditis
- CPR with chest compression within 10 days
- Bleeding diathesis
- Peritoneal or hemodialysis
- INR over 1.7 [Protime over 15]
- PTT over 40
- Platelet count less than 100,000
- Glucose greater than 400 or less than 50
- Blood pressure greater than 185 systolic, 110 diastolic, or aggressive therapy to reach this range
- Other serious, advanced, or terminal illness
- Symptoms rapidly improving

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**Other considerations**

- Age over 80 years
- CT evidence of early edema, mass effect, or large infarct (especially if over 1/3 MCA territory)
- NIH Stroke Scale over 20, severe stroke with coma, severe obtundation complete hemiplegia

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In no circumstances should acquisition of these items delay the transfer of the patient. Urgent transfer minimizing time to presentation is an absolute priority.