

Appendix A

Thrombolytic Treatment of Acute Ischemic Stroke Checklist

PATIENT IDENTIFICATION LABEL

Any "Yes" answer requires discussion:

Exclusion Criteria:

- | | | |
|--|------------------------------|-----------------------------|
| • Time last seen normal > 4.5 hours or unknown | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Recent stroke < 3 months ago | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Rapid striking improvement of neurologic deficit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • SBP > 185 or DBP > 110 at time of treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Glucose < 50 (fingerstick acceptable) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Recent DOAC use within 48 hours | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • INR > 1.7 if patient on warfarin | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Recent heparin with elevated PTT | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Use of an anti-amyloid monoclonal antibody medication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • CT evidence of hemorrhage | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • CT evidence of early severe hypodensity/mass effect | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Suspicion of Subarachnoid Hemorrhage | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Any history of Intracranial Hemorrhage | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Neurosurgery or serious head trauma < 3 months | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Seizure at onset of stroke (unless neuroimaging confirms stroke) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Known CNS Neoplasm, AVM, aneurysm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Major surgery or systemic trauma < 2 weeks ago | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Known platelet count < 100,000 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Known bleeding disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Active systemic bleeding or known GI/Urinary bleeding within 3 weeks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Arterial puncture at Non-compressible site | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Known Infective Endocarditis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Known Aortic Arch Dissection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Recent lumbar puncture | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Pregnancy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Allergy to thrombolytic | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Thrombolytic considerations for contraindications and exclusions:

If the patient has one or more relative contraindications above, treatment strategies must be discussed with the vascular neurologist. Clinical judgment and documentation must weigh the likelihood of benefit from thrombolytics versus the unknown but potentially increased risk of bleeding in this context.

☐ Treated with thrombolytic, see progress note for detailed explanation. ☐ Not treated with thrombolytic

The risks, benefits, and alternatives to thrombolytics including no therapy, have been discussed with the patient and/or their representative. Note: Explain in the progress notes issues related to any patient who is treated despite contraindications.

☐ Standard Post Thrombolysis Order Set Used

Physician Signature: _____ Print Name: _____ Date: _____ Time: _____