



attach patient label here

Physician Orders ADULT

Order Set: Stroke Inclusion-Exclusion 3-4.5 Hrs (Adults 18 & Older)

Related Order Sets:

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

3-4.5 hours after stroke onset	
CRITERIA FOR IV Alteplase (Thrombolytic Therapy) FOR ACUTE ISCHEMIC STROKE	
<i>If the patient possesses All of the inclusion criteria and None of the exclusion criteria, IV alteplase therapy should be considered. These Inclusion/Exclusion Criteria may need to be adapted to meet the needs of a specific patient.</i>	
INCLUSION	
YES NO	
<input type="checkbox"/> <input type="checkbox"/> Age 18 to 80 years	
<input type="checkbox"/> <input type="checkbox"/> Clinical diagnosis of ischemic stroke causing a measurable neurological deficit	
<input type="checkbox"/> <input type="checkbox"/> Clinical diagnosis of ischemic stroke by MD	
<input type="checkbox"/> <input type="checkbox"/> Non-contrast CT of head assessed by MD	
<input type="checkbox"/> <input type="checkbox"/> Time of onset of stroke between 3 and 4.5 hours . Time of onset: _____ hours	
<input type="checkbox"/> <input type="checkbox"/> Last Known well date and time : Date _____ Time _____	
<input type="checkbox"/> <input type="checkbox"/> Last Known well time witnessed : Yes _____ No _____	
EXCLUSION	
YES NO	
<input type="checkbox"/> <input type="checkbox"/> Symptoms minor or rapidly improving.	
<input type="checkbox"/> <input type="checkbox"/> NIHSS score greater than 25	
<input type="checkbox"/> <input type="checkbox"/> Non-contrast CT of head demonstrating intracranial hemorrhage	
<input type="checkbox"/> <input type="checkbox"/> Non-contrast CT of head demonstrating recent multilobar infarction (hypodensity more than 1/3 of middle cerebral artery territory) no mass effect	
<input type="checkbox"/> <input type="checkbox"/> Seizure at onset of stroke	
<input type="checkbox"/> <input type="checkbox"/> Other stroke or serious head trauma within past 3 months	
<input type="checkbox"/> <input type="checkbox"/> Combination of previous stroke and diabetes mellitus	
<input type="checkbox"/> <input type="checkbox"/> Major surgery or serious trauma within past 3 months	
<input type="checkbox"/> <input type="checkbox"/> Known history of intracranial hemorrhage	
<input type="checkbox"/> <input type="checkbox"/> Diagnosis of bacterial endocarditis or pericarditis	
<input type="checkbox"/> <input type="checkbox"/> Failure to sustain SBP less than 185 mm/Hg or DBP less than 110 mm/Hg for 15 minutes prior to tPA administration, despite pharmacological intervention.	
<input type="checkbox"/> <input type="checkbox"/> Symptoms suggestive of subarachnoid hemorrhage	
<input type="checkbox"/> <input type="checkbox"/> Gastrointestinal or urinary tract hemorrhage within 21 days	
<input type="checkbox"/> <input type="checkbox"/> Arterial puncture at noncompressible site or spinal tap within 7 days	
<input type="checkbox"/> <input type="checkbox"/> Received heparin within 48 hours with PTT greater than mean control value	
<input type="checkbox"/> <input type="checkbox"/> Oral anticoagulant treatment	
<input type="checkbox"/> <input type="checkbox"/> Platelet count less than 100,000/mm ³	
<input type="checkbox"/> <input type="checkbox"/> Blood glucose less than 50 mg/dl or more than 400 mg/dl	
<input type="checkbox"/> <input type="checkbox"/> History of Myocardial Infarction within 3 months	
These Physician's Orders may need to be adapted to meet the needs of a specific patient.	

Date _____

Time _____

Physician's Signature _____

MD Number _____

