

ED Physician Guide: BAT Notification for IV Thrombolysis & Endovascular Stroke Candidate Treatment

Complete the following form for all patients with stroke-like symptoms arriving in the 0-24 hour window, wake up with stroke like symptoms, or who have unknown onset.

Stroke Symptoms

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Weakness of face, arm, or leg |
| <input type="checkbox"/> | <input type="checkbox"/> | Numbness/tingling of face, arm, or leg |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty speaking or understanding speech |
| <input type="checkbox"/> | <input type="checkbox"/> | Change in vision including double vision, blurred vision, or loss of vision |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness, vertigo, gait disturbances, or falls |
| <input type="checkbox"/> | <input type="checkbox"/> | Sudden severe headache |

Side of Body Affected

- | | | |
|--------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Bilateral |

Last Known Neurologically Well

Date _____ Time _____

Was the last known well date witnessed?

-
- Yes
-
- No

Time Frame:
NIHSS Score _____

-
- 0 – 3 hours
-
-
- >=3 – 4.5 hours
-
-
- 4.5 – 8 hours
-
-
- 8 – 24 hours
-
-
- Onset unknown/unable to determine

Vital Signs / Labs

Vital Signs: BP ____/____ Temp _____ Pulse _____ RR _____

Labs: INR _____ PT Platelet count _____ Glucose _____

Yes No Inclusion Criteria (check applicable)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Age \geq 18 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"/> | Time of stroke onset < 4.5 hours |
| <input type="checkbox"/> | <input type="checkbox"/> | Time of Stroke Onset 4.5-24 hours |

BAT MD Notified

Date _____ Time _____

Absolute Exclusion Criteria (These patients will not be eligible for TPA or endovascular treatment)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Complete resolution of neurological deficit |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-contrast CT of head Call for patient with fluctuating neurological symptoms
demonstrating intracranial hemorrhage |
| <input type="checkbox"/> | <input type="checkbox"/> | Patients who are palliative care or hospice |



Relative Exclusion Criteria for IV rt-PA for 0-3 hours. Patient may still be candidate for interventional treatment.

Yes No

- Non-contrast CT of head demonstrating recent multilobar infarction (hypodensity more than 1/3 of middle cerebral artery territory) or mass effect
- Active internal bleeding
- Intracranial/intraspinal surgery or head trauma within 3 mos.
- Intracranial conditions increasing bleeding risk
- Current severe uncontrolled hypertension
- Current use of anticoagulants (Call with name of anticoagulant)

Date and time BAT MD notified _____

Additional BAT MD Recommendations, check all that apply

- CT Brain WO Contrast
- CTA Head/Neck
- Additional diagnostics (MRI, X-ray, etc.)
- Mechanical Thrombectomy candidate
- Transfer to University via flight
- Transfer to University via ground
- Other: _____

BAT MD requested tPA administration

- Yes No

Date and time of tPA administration _____

Pertinent History: Inform BAT MD if present

Yes No

- Prior stroke or serious head trauma within past 3 months
- Major surgery or serious trauma within last 14 days
- History of prior intracranial hemorrhage
- Suspected/diagnosis of bacterial endocarditis/pericarditis
- GI or urinary tract hemorrhage in the past 30 days
- Platelet count < 100,000/mm³
- Myocardial infarction (MI) within the past 3 months

If door to needle tPA time >60 minutes, indicate reason for delay

- Age <18
- Onset after hospital arrival (in ED, inpatient)
- 4.5 hours LKW
- Initial Refusal
- Hypertension requiring aggressive control with IV medications
- Further diagnostics required to confirm stroke in patients with hypoglycemia, seizures, or major metabolic disorders
- Management of concomitant emergent/acute conditions (cardiopulmonary arrest, respiratory failure requiring intubation)
- Care Team unable to determine eligibility (the diagnosis of stroke was made but eligibility for thrombolytic therapy could not be established or verified by the clinician, see examples below).
 - The time of onset could not be clearly established at the time of patient assessment in the ED or time of a recent procedure or surgery could not be definitively established
 - A lack of an accurate history or concern about the presence of a preexisting medical condition raises concern about eligibility for IV thrombolytic therapy.
 - Patients who have experienced multiple episodes of transient neurologic function, or TIAs, which have fully resolved clinically, but imaging or other features of the history make it uncertain as to when the stroke actually started.
- Other reason for delay, please specify: _____

MD SIGNATURE

PHYSICIAN ID#

DATE

TIME