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.

<table>
<thead>
<tr>
<th>Stroke Symptoms</th>
<th>Side of Body Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Last Known Neurologically Well

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

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

Inclusion Criteria (check applicable)

Yes | No | Age > 18 years |

Clinical diagnosis of ischemic stroke causing a measurable neurological deficit

Clinical diagnosis of ischemic stroke by MD

Time of stroke onset < 4.5 hours

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 | Complete resolution of neurological deficit

Non-contrast CT of head demonstrating intracranial hemorrhage

Patients who are palliative care or hospice

Call for patient with fluctuating neurological symptoms
Relative Exclusion Criteria for IV rt-PA for 0-3 hours. Patient may still be candidate for interventional treatment.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ☐   | ☐  | 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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ☐   | ☐  | 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