



tPA Contraindications:

HISTORY

- > 4.5 hrs from last seen well
- Patients in whom time of symptom onset is unknown
- Stroke, major head trauma or intracranial surgery in the last 3 months
- History of prior intracranial hemorrhage, known AVM or aneurysm
- Major surgery or parenchymal biopsy within 10 days
- GI or GU bleeding within 21 days
- Patient with neoplasm/malignancy or within one month of completion of treatment for cancer
- Patients with underlying significant bleeding disorder (patients with mild platelet dysfunction, mild Von Willebrand disease or other mild bleeding disorders are not excluded)
- Previously diagnosed primary angitis of the central nervous system or secondary arteritis

PATIENT FACTORS

- Patient who would decline a blood transfusion if indicated
- Clinical presentation consistent with acute myocardial infarction (MI) or post MI pericarditis that requires evaluation by cardiology before treatment
- Arterial puncture at noncompressible site or lumbar puncture w/in last 7 days. Patients who have had cardiac cath via a compressible artery are NOT excluded

ETIOLOGY

- Stroke due to subacute bacterial endocarditis, sickle cell disease, meningitis, embolism (bone marrow, air or fat), or Moyamoya disease

EXAM

- Persistent systolic blood pressure > 15% above the 95th percentile for age while sitting or supine
- Mild deficit (PedNIHSS < 6) at start of tPA infusion
- Severe deficit suggesting very large territory stroke pre-tPA
- PedNIHSS > 25, regardless of infarct volume seen on neuroimaging

IMAGING

- Symptoms suggestive of subarachnoid hemorrhage even if CT or MRI of head are normal
- CT with hypodensity/sulcal effacement > 33% of MCA territory or Alberta Stroke Program Early CT Scoring (ASPECTS) \leq 7
- Intracranial cervicocephalic arterial dissection

LAB DATA

- Glucose < 50 mg/dL (2.78 mmol/L) or > 400 mg/dL (22 mmol/L)
- Bleeding diathesis including Platelets < 100,000, PT > 15 sec (INR >1.4) or elevated PTT > upper limits of the normal range