



10/24/2006 2:13:10 P.M.

Use of Intravenous tPA for the Management of Acute Stroke in the Emergency Department

Approved by the ACEP Board of Directors February 2002
(Policy #400313, Approved February 2002)

As an adjunct to this policy statement, ACEP developed a Policy Resource Education Paper (PREP), **Use of Intravenous tPA for the Management of Acute Stroke in the Emergency Department**.

The American College of Emergency Physicians (ACEP) endorses the following principles regarding the use of intravenous tPA in the emergency department (ED) management of acute stroke:

- EDs and hospitals should work with emergency medical services and the community so that all parties know what the hospital's capabilities are regarding acute stroke care.
 - Further studies are needed to define more clearly those patients most likely to benefit from fibrinolytic therapy in acute ischemic stroke.
 - Intravenous tPA may be an efficacious therapy for the management of acute ischemic stroke if properly used incorporating the guidelines established by the National Institute of Neurological Disorders and Stroke (NINDS).¹
 - There is insufficient evidence at this time to endorse the use of intravenous tPA in clinical practice when systems are not in place to ensure that the inclusion/exclusion criteria established by the NINDS guidelines for tPA use in acute stroke are followed. Therefore, the decision for an ED to use intravenous tPA for acute stroke should begin at the institutional level with commitments from hospital administration, the ED, neurology, neurosurgery, radiology, and laboratory services to ensure that the systems necessary for the safe use of fibrinolytic agents are in place.
1. National Institute of Neurological Disorders and Stroke (NINDS). Tissue plasminogen activator for acute ischemic stroke. NEJM. 1995;333:1581-1587.

Copyright © 2006 American College of Emergency Physicians. All rights reserved. [Legal](#).