

Benefits/Risks (1995 NINDS study)

- For every 100 patients receiving TPA, at least 11 more compared to no treatment had an excellent recovery at discharge.
- There is a 30% likelihood of complete recovery or minimal deficit at 3 months with treatment than without.
- Risk of symptomatic brain bleed increases by 10-fold with treatment and may result in death or severe neurologic impairment.

5220 CC 8/07

Stroke Response Reference Card

Luther Midelfort

Mayo Health System

Stroke Symptoms

- Sudden numbness / weakness of the face, arm or leg
- Sudden clumsiness of arm or leg
- Sudden unsteady gait/ balance problem
- Sudden speech/language difficulty
- Sudden changes in vision or loss of vision
- Sudden dizziness with any of the above
- Sudden, severe headache with no known cause

Call Luther Midelfort Emergency Department

1. **715-838-3242**
2. Request stroke activation
3. ED MD to notify neurologist
4. Leave call back phone number

Prepare to discuss with neurologist:

- Indications/contraindications for thrombolytics
- Time of onset
- Pt. assessment (Use "Assessment/Treatment/Transfer" form)

Stroke – Thrombolytic Eligibility Criteria

- Age > 18 years
- Onset of symptoms < 3 hours
- CT of head negative
- Measurable deficits that aren't rapidly improving (NIHSS >4)
- No Hx of GI or GU hemorrhage in last 21 days
- No noncompressible arterial puncture in last 7 days
- No seizure at onset of stroke
- Symptoms not suggest subarachnoid hemorrhage
- INR is < 1.7
- No heparin within last 48 hours & PTT is normal
- BP < 185 systolic & 110 diastolic
- Platelet count is > 100,000
- Glucose is > 50 & < 400 mg%
- No major surgery in last 14 days
- Neurological consult obtained
- No Hx bleeding disorders
- No Hx intracranial hemorrhage
- No Hx stroke or severe head trauma in past 3 months
- No suspected septic embolism or infective endocarditis
- ICU/NICU bed available for post t-PA monitoring

Suggestions for Documentation:

- Document if the pt. had a hemorrhagic stroke or had an occlusive or embolic cerebral infarction.
- If cerebral infarction, document if due to primary intracerebral occlusion, carotid disease with embolism or cardioembolic stroke.
- Document whether the patient had an evolving stroke that was aborted by enzyme or anticoagulant therapy.
- Explain whether hospitalization is because of true stroke or TIA.
- Avoid only using terms such as "CVA" or "stroke" as they may lead to a code that doesn't represent the true condition.