### Table 10. Fibrinolytic Checklist Inclusion and Exclusion
Characters of Patients With Ischemic Stroke Who Could Be Treated With rtPA Within 3 Hours From Symptom Onset

#### Inclusion Criteria
- Diagnosis of ischemic stroke causing measurable neurologic deficit
- Onset of symptoms less than 3 hours before beginning treatment
- Age 18 years or older

#### Exclusion Criteria
- Head trauma or prior stroke in previous 3 months
- Symptoms suggest subarachnoid hemorrhage
- Arterial puncture at noncompressible site in previous 7 days
- History of previous intracranial hemorrhage
- Elevated blood pressure (systolic above 185 mm Hg or diastolic above 110 mm Hg)
- Evidence of active bleeding on examination
- Acute bleeding diathesis, including but not limited to
  - Platelet count <100,000/mm³
  - Heparin received within 48 hours, resulting in an aPTT above the upper limit of normal
  - Current use of anticoagulant with INR more than 1.7 or PT more than 15 seconds
- Blood glucose concentration below 50 mg/dL (2.7 mmol/L)
- CT demonstrates multilobar infarction (hypodensity more than 1/3 cerebral hemisphere)

#### Relative Exclusion Criteria
Recent experience suggests that under some circumstances—with careful consideration and weighing of risk to benefit—patients may receive fibrinolytic therapy despite 1 or more relative contraindications. Consider risk to benefit of rtPA administration carefully if any of these relative contraindications is present:
- Only minor or rapidly improving stroke symptoms (clearing spontaneously)
- Seizure at onset with postictal residual neurologic impairments
- Major surgery or serious trauma within previous 14 days
- Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
- Recent AMI (within previous 3 months)

Abbreviations: AMI, acute myocardial infarction; aPTT, activated partial thromboplastin time; CT, computed tomography; INR, international normalized ratio; PT, prothrombin time; rtPA, recombinant tissue plasminogen activator.