

**Code Stroke Screening Tool
Exclusion Criteria for IV t-PA**

Stroke status	Blood vessel status	Thrombotic status
<input type="checkbox"/> A diagnosis of suspected ischemic stroke, however no measurable neurologic deficits	<input type="checkbox"/> Head trauma or prior stroke in previous 3 months	<input type="checkbox"/> Taking an oral anticoagulant, or
<input type="checkbox"/> Neurologic signs are clearing spontaneously	<input type="checkbox"/> MI in previous 3 months	<input type="checkbox"/> If anticoagulant is being taken, INR >1.7
<input type="checkbox"/> Neurologic signs are minor and isolated	<input type="checkbox"/> Gastrointestinal or urinary tract hemorrhage in previous 21 days	<input type="checkbox"/> If received heparin in previous 48 hours, APTT is above normal range
<input type="checkbox"/> Symptoms of stroke are suggestive of subarachnoid hemorrhage	<input type="checkbox"/> Major surgery in previous 14 days	<input type="checkbox"/> Platelet count <100,000 mm ³
<input type="checkbox"/> The onset of symptoms was >3 hr before beginning treatment	<input type="checkbox"/> Arterial puncture at a noncompressible site in previous 7 days	
<input type="checkbox"/> There has been a seizure with postictal residual neurologic impairments*	<input type="checkbox"/> History of previous intracranial hemorrhage	
<input type="checkbox"/> CT shows a multilobar infarction (hypodensity >1/3 cerebral hemisphere)	<input type="checkbox"/> Blood pressure elevated (systolic is ≥185 mm Hg and diastolic is ≥110 mm Hg)**	
<input type="checkbox"/> The blood glucose concentration is < 50 mg/dl (2.7 mmol/L)	<input type="checkbox"/> Evidence of active bleeding or acute trauma (eg, fracture) on examination	
<input type="checkbox"/> Major deficits (NIHSS score >22) Special caution will be exercised in treating a patient with score > 22		

Facility
Numbers for
possible
transfer

Duke Health
System:
888-275-
3853

Wake Med:
919-350-
8000

UNC
Healthcare:
919-966-
4131

The patient or family understands the potential risks and benefits of treatment.

*A patient with a seizure at the time of onset of the stroke might still be eligible for t-PA provided the clinician is convinced that the residual impairments are due to stroke and not to the seizure.

**If greater than these levels, the patient can be given 1 or 2 doses of labetalol or a similar drug and then treated if the blood pressure decreases to the indicated range, providing that other criteria are met.

INR = international normalized ratio
aPTT = activated partial thromboplastin time

Age: _____ Date of admit: _____ Reason for admission / Diagnosis: _____

Co Morbidities: HTN HLD DM CA CRI/ RF CAD Stroke MI
Time of symptom onset: _____ Presenting symptoms _____
NIHSS= _____

Medications:

Other Significant info-PMH/PSH:

If not a t-PA candidate and symptom onset is < 6 hours- Include the following statement regarding treatment options in your conversation with the physician:

“Would you consider transfer to another facility for Interventional Vascular Radiology procedures that may include intra-arterial therapy (mechanical and/or pharmacological)?”