

Intro to tPA

4/15/2018

tPA :

- Core treatment for acute ischemic stroke (lots of current controversy on this)
- Activates plasminogen to plasmin which breaks down fibrin
- Some studies showed: +12% improvement 3 months out AND +6% chance of devastating bleed

Know your tPA contraindications:

- 3 objective: **glucose, blood pressure (>185/110), head CT**
- 2 obvious: **prior ICH or current ICH (SAH)**
- A: Ask if history of **aneurysm, AVMs**, cancer, or other structural problems
- B: Current (or symptoms of) internal **bleeding**
- C: Any 3 month history of intracranial **trauma**, intracranial **surgery**, intracranial **strokes**
- D: Bleeding diathesis – **blood thinners/clotting disorders**/coagulation labs
- E: Do you suspect **endocarditis**?

Relative contraindications: minor or resolving stroke, recent surgery or trauma, GI bleed, urinary bleed, seizure, recent LP, recent arterial puncture, pregnancy, or pericarditis after MI

3-4.5hr window add-on list:

- A: age > 80,
- B: bad stroke NIH >25,
- C: CT shows multiple lobes,
- D: diathesis/AC even if normal INR
- E: Ever had old stroke or diabetes?

HERE'S YOUR APP SUGGESTION: MDCalc!