

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This pathway is a general guideline and does not reprea professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2024 Children's Healthcare of Atlanta, Inc.

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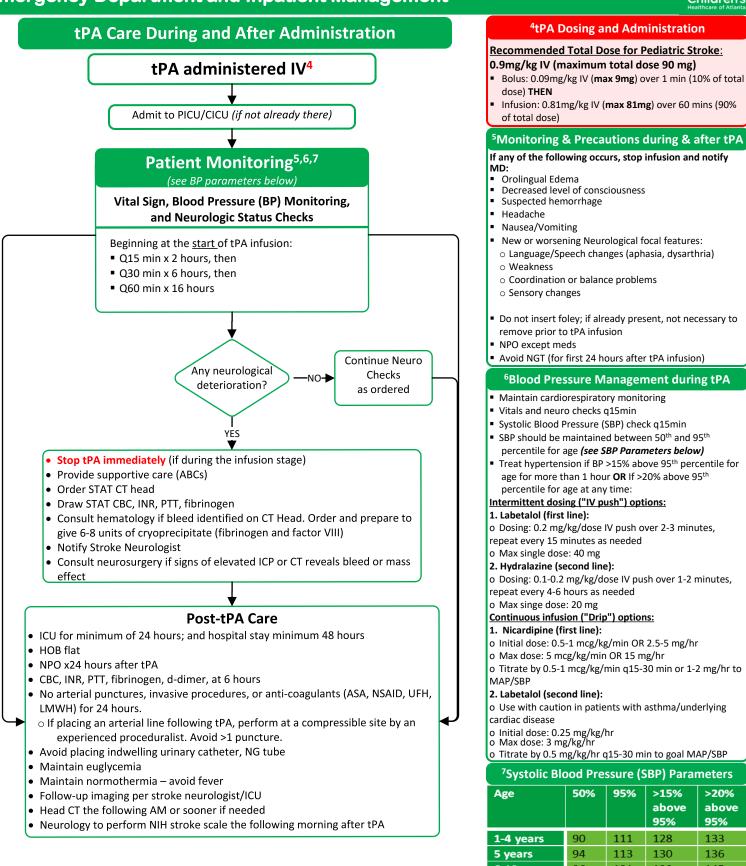
Stroke Treatment Pathway: Emergency Department and Inpatient Management

Exclusion Criteria for tPA Therapy

Patient must have "NO" answered for <u>ALL</u> criteria. If <u>ANY</u> answer is "YES", tPA is contraindicated UNTIL further assessment is completed.

	VEC	
	YES	NO
Stroke Characteristics		
Patient received IV tPA at referring hospital		
Intracranial hemorrhage of any type seen on neuroimaging (including parachymal, subarachnoid, other)		
Clinical presentation suggestive of subarachnoid hemorrhage or aortic arch dissection		
Neuroimaging supports multilobar involvement or large volume infarct involving > 1/3 of a complete arterial territory		
Stroke associated with any of the following: intracranial arterial dissection; endocarditis; moya moya; sickle cell disease; CNS vasculitis; meningitis; bone marrow, air, or fat embolism		
Medical History		
Head trauma, intracranial or spinal surgery, or prior stroke in the previous 3 months		
History of previous intracranial hemorrhage, cerebral AVM, aneurysm, neoplasm, or dissection		
Previous diagnosis of vasculitis of the CNS. Focal cerebral arteriopathy of childhood (FCA) is NOT a contraindication.		
Myocardial infarction in the previous 3 months. Clinical presentation consistent with acute MI or post-MI pericarditis that requires evaluation by Cardiology prior to treatment.		
Internal bleeding, GI, or urinary tract hemorrhage in the previous 21 days		
Major surgery, major trauma not involving the head, or parenchymal biopsy in the previous 14 days		
Arterial puncture at a noncompressible site or lumbar puncture in the previous 7 days (Patients who have had a cardiac catheterization via a compressible artery are NOT excluded)		
Known current malignancy and/or within 1 month of completion of treatment for cancer		
Allergy to tPA		
Pregnant		
Vital Signs, Labs, and Other Clinical Features		
Evidence of active bleeding or acute trauma (fracture) on examination		
Blood Glucose concentration <50 mg/dL or >400 mg/dL (ok if it can be corrected and exam reassessment unchanged)		
Persistent systolic blood pressure >15% over the 95 th percentile >1 hour and unresponsive to treatment; OR systolic blood pressure >20% over the 95 th percentile at any time (see blood pressure parameters table on page 3)		
 Coagulation Factors: Platelets <100,000 INR >1.4, PT >15s, or aPTT>38s Current anticoagulation use (warfarin or heparin) and abnormal INR >1.4, PT >15s, aPTT>38s Full treatment LMWH within last 24 hours (does not include prophylactic dose) Current use of direct thrombin or direct Xa inhibitors (such as rivaroxaban) within the last 48 hours (Rivaroxaban, Apixaban, Dabigatran, Argatroban, Bivalirudin) Bleeding diathesis 		
Consent		
Patient will refuse blood transfusion if indicated		
Patient/family do not consent based on known risks and benefits of treatment of stroke with IV tPA		
	-	





 Systolic Blood Pressure (SBP) check q15min SBP should be maintained between 50th and 95th percentile for age (see SBP Parameters below) Treat hypertension if BP >15% above 95th percentile for age for more than 1 hour OR If >20% above 95th percentile for age at any time: Intermittent dosing ("IV push") options: o Dosing: 0.2 mg/kg/dose IV push over 2-3 minutes, repeat every 15 minutes as needed o Dosing: 0.1-0.2 mg/kg/dose IV push over 1-2 minutes, Continuous infusion ("Drip") options: o Initial dose: 0.5-1 mcg/kg/min OR 2.5-5 mg/hr o Max dose: 5 mcg/kg/min OR 15 mg/hr o Titrate by 0.5-1 mcg/kg/min q15-30 min or 1-2 mg/hr to o Use with caution in patients with asthma/underlying o Titrate by 0.5 mg/kg/hr q15-30 min to goal MAP/SBP ⁷Systolic Blood Pressure (SBP) Parameters

March 2025

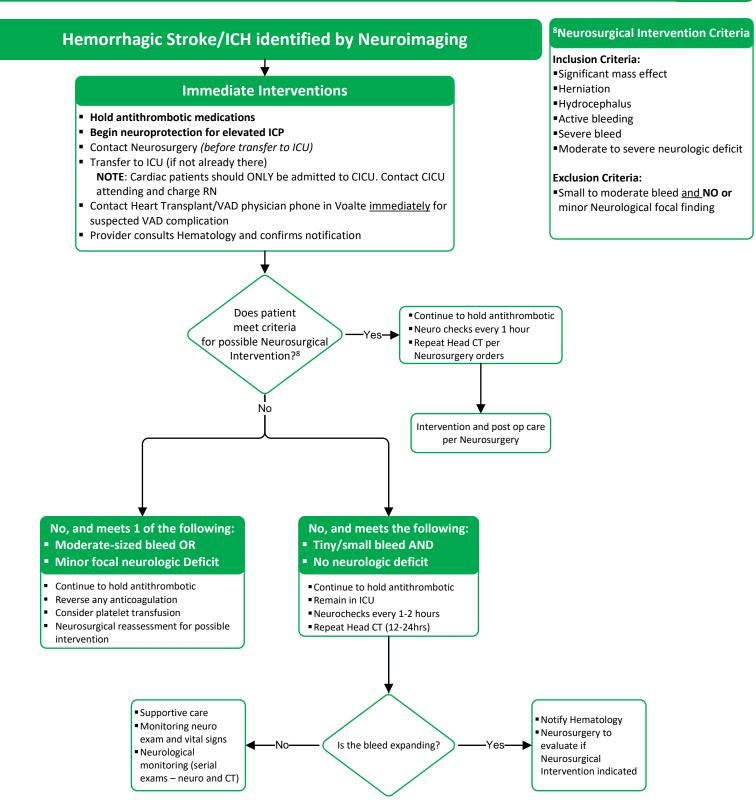
Age	50%	95%	>15% above 95%	>20% above 95%
1-4 years	90	111	128	133
5 years	94	113	130	136
6-10 years	96	121	139	145
11-18 years	105	131	151	157
	105	140	161	168
>18 years	110	140	161	168

*Adapted from Boston Children's Hospital Acute Stroke Guideline:

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