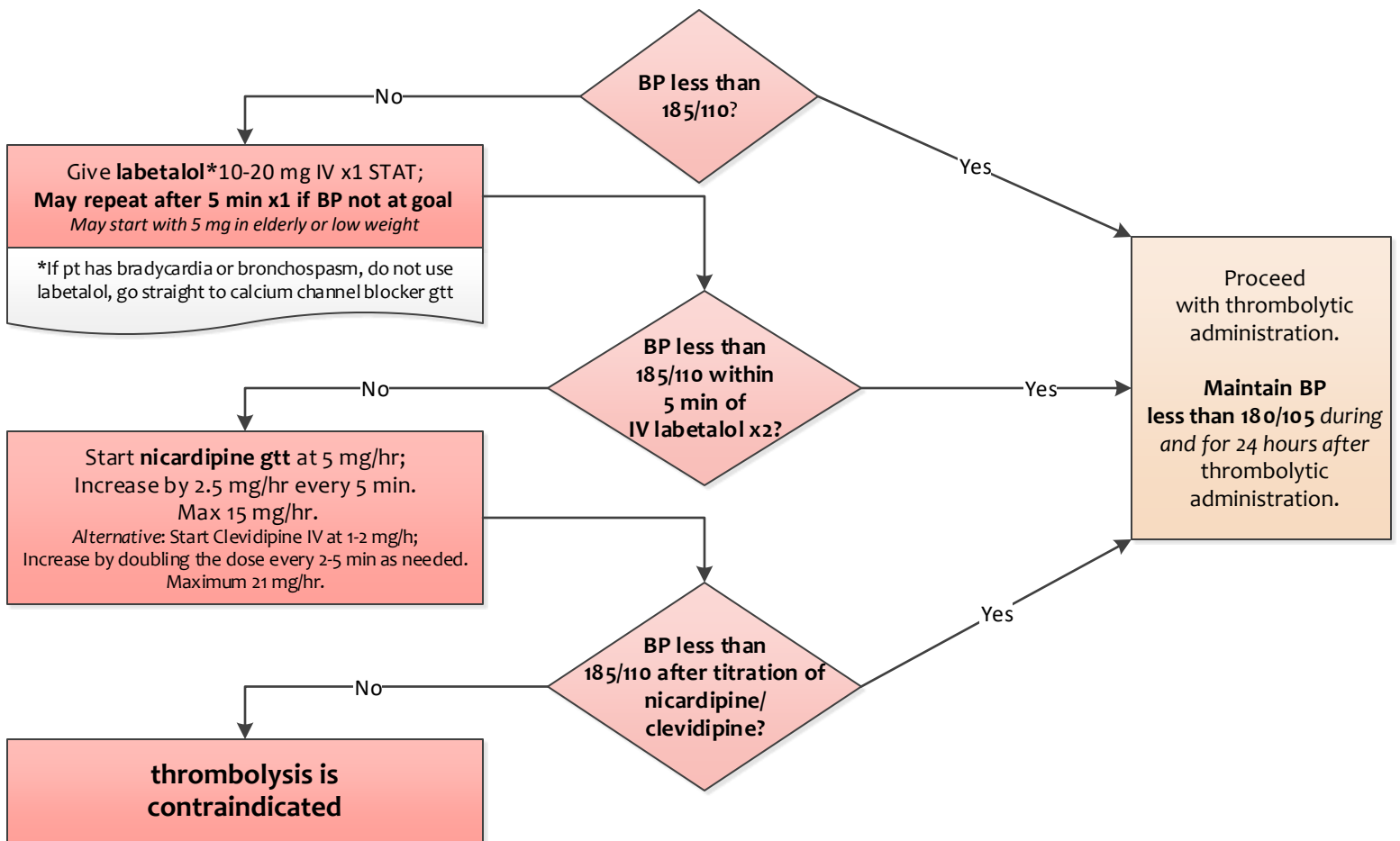


Management of Blood Pressure Pre- and Post-Thrombolysis

For patient identified as an appropriate thrombolytic candidate



Post-thrombolysis management:

- Admit to an ICU for close neurological and blood pressure monitoring for a minimum of 24 hours
- Continue BP and neuro checks every 15 minutes for 2 hours after thrombolytic is administered, then every 30 minutes x 6 hours, then every 1 hour x 16 hours. The frequency of BP checks thereafter should be individualized to meet the patient's needs
- Avoid the following for 24 hours post-thrombolysis: Arterial or central venous punctures/lines, IM injections, nasogastric tubes
- Foley catheter placement should be avoided in stroke patients unless there is a compelling medical reason to do so
- Avoid antiplatelet or anticoagulant medications x24 hours after thrombolysis unless there is another compelling reason to do so (such as intravascular stenting required for mechanical thrombectomy)

See Management of post-thrombolysis Complications

Note: Ischemic stroke patients who are **NOT lytic candidates** should **NOT have BP lowered unless it is greater than 220/120** unless there is another compelling medical reason to do so such as acute coronary event, acute heart failure, aortic dissection, or preeclampsia/eclampsia or if they are more than 48-72 hours post onset of stroke. If BP lowering is required, lowering by 15% is probably safe.

Note: HYPotension is rare in acute stroke and should prompt rapid assessment for possible etiologies, such as hypovolemia, internal bleeding, myocardial ischemia, aortic dissection, cardiac arrhythmias or sepsis. **Hypotension should be treated immediately** with volume replacement with normal saline, correction of any arrhythmias and consideration of pressors in select patents (discuss with Neurology). Further work up should include STAT cardiac markers & blood cultures. If aortic dissection is suspected, obtain CTA chest prior to lytic administration. **Maintain euvoemia** in all stroke patients (patient's should be given maintenance rate normal saline while NPO unless there is a clear contraindication to doing so).