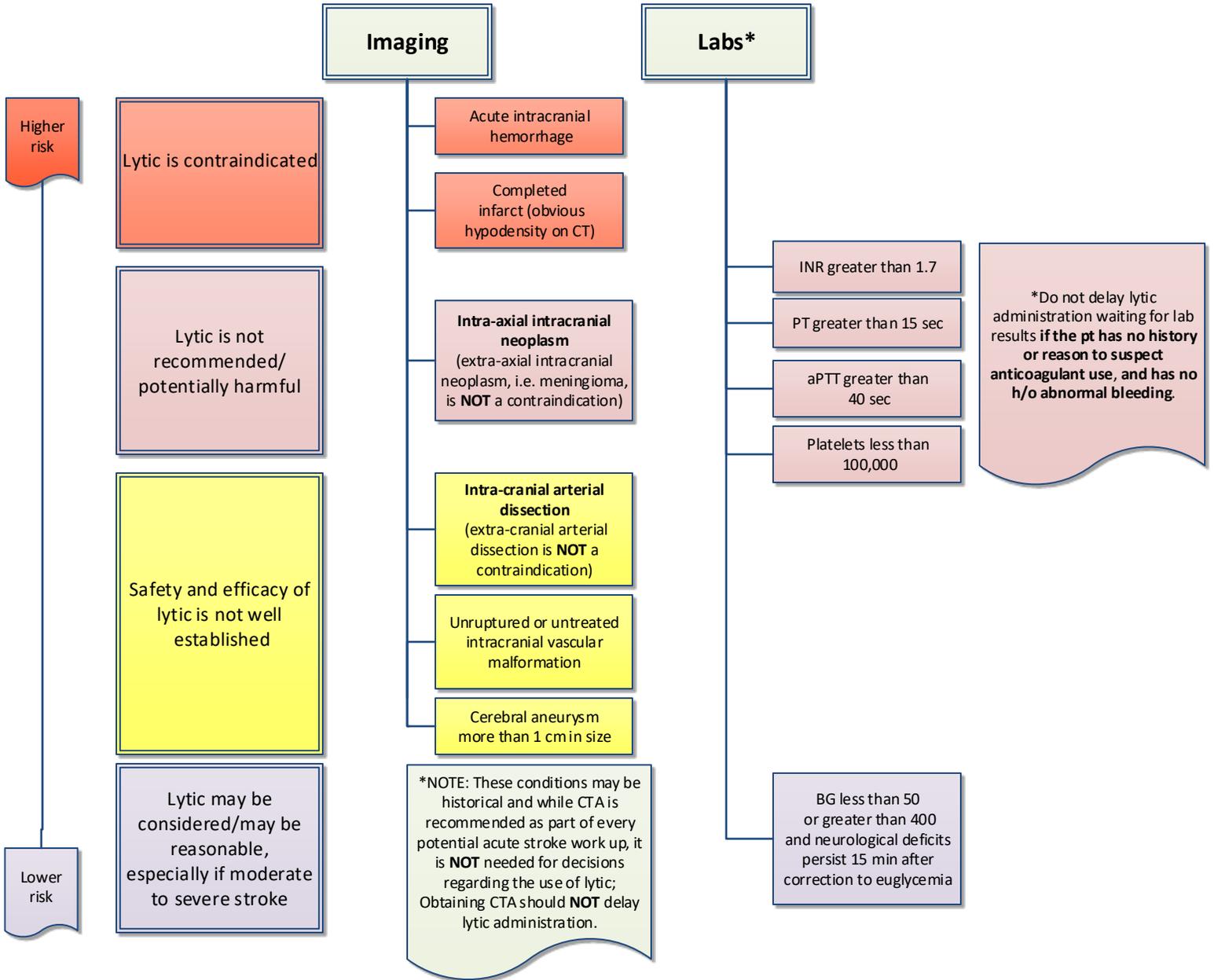


Lytic Eligibility Criteria, Imaging & Labs

3. The ED physician/Neurologist will review the patient's imaging and lab results to identify potential contraindications to lytic



In every case, the **risk of bleeding** complications from lytic should be weighed against the **potential benefit** from lytic given the severity of deficits

Cerebral microbleeds (CMB)¹
 For pts with previously demonstrated CMB on MRI:
 • 1-10 CMB: administration of lytic is reasonable
 • > 10 CMB: administration of lytic may be a/w an increased risk of sICH. Tx may be considered in the setting of moderate to severe stroke.

Factors which are not contraindications to lytic, but are known to be associated with an increased risk of post-lytic hemorrhage:

- Older age
- Later in the time window
- Severe stroke (NIHSS > 25)
- Hyperglycemia
- Hypertension
- Severe white matter disease on head CT

An accumulation of these risk factors should be taken into consideration when making decisions regarding lytic use, especially in patients with less severe stroke symptoms.

Reference: Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Alteplase in Acute Ischemic Stroke. American Heart Association/American Stroke Association Scientific Statement. Stroke.2016;47:581-641.