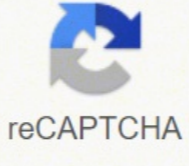




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**Next**

General Supportive Care and Emergency Treatment  
**3.5 Intravenous Alteplase: Indications**

**Alteplase Dosing:** 0.9mg/kg, maximum 90mg, over 60 minutes with initial 10% given as a bolus over 1 minute.

**Indications (Class I): Within 3 hours**

Age	≥18 years of age; equally recommended for <80 and >80 years of age under 3 hours.
Severity	Recommended for severe strokes and for mild but disabling strokes.

**Indications (Class I): 3-4.5 hours**

Age, Severity and Other Considerations	<80 and without history of both diabetes and prior stroke, NIHSS <25, not on OACs, and without imaging evidence of ischemia of >1/3 of the MCA territory.
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General Supportive Care and Emergency Treatment  
**3.7 Mechanical Thrombectomy: within 6 hours**

Recommendations	COR	LOE
Patients should receive mechanical thrombectomy with a stent retriever if they meet all the following criteria: (1) prestroke mRS score of 0 to 1; (2) causative occlusion of the internal carotid artery or MCA segment 1 (M1); (3) age ≥18 years; (4) NIHSS score of ≥6; (5) ASPECTS of ≥6; and (6) treatment can be initiated (groin puncture) within 6 hours of symptom onset.	I	A
Although the benefits are uncertain, the use of mechanical thrombectomy with stent retrievers may be reasonable for carefully selected patients with AIS in whom treatment can be initiated (groin puncture) within 6 hours of symptom onset and who have causative occlusion of the MCA segment 2 (M2) or MCA segment 3 (M3) portion of the MCAs.	IIb	B-R
Although the benefits are uncertain, the use of mechanical thrombectomy with stent retrievers may be reasonable for carefully selected patients with AIS in whom treatment can be initiated (groin puncture) within 6 hours of symptom onset and who have causative occlusion of the anterior cerebral arteries, vertebral arteries, basilar artery, or posterior cerebral arteries.	IIb	C-EO
Although its benefits are uncertain, the use of mechanical thrombectomy with stent retrievers may be reasonable for patients with AIS in whom treatment can be initiated (groin puncture) within 6 hours of symptom onset and who have prestroke mRS score >1, ASPECTS <6, or NIHSS score <6, and causative occlusion of the ICA or proximal MCA (M1). Additional randomized trial data are needed.	IIb	B-R



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General Supportive Care and Emergency Treatment  
**3.5 Intravenous Alteplase: Indications**

**Indications (Class I): Overall**

Urgency	Treatment should be initiated as quickly as possible. Time to treatment strongly associated with outcomes.
BP	Recommended in those whose BP can be safely lowered to <185/110 prior to starting IV alteplase.
Glucose	Recommended in otherwise eligible patients with glucose >50 mg/dL.
CT	Recommended in setting of mild to moderate early ischemic changes on NCCT.
Prior Antiplatelets	Recommended in those taking single antiplatelet drug; benefit outweighs possible small increased risk of sICH.
End-stage renal disease	Recommended in those with normal aPTT; those with elevated aPTT might be at higher risk of hemorrhage.



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General Supportive Care and Emergency Treatment  
**3.5 Intravenous Alteplase: Additional Recommendations**

**Additional Recommendations (Class II): Cardiac Disease**

Cortical Microbleeds	Treatment is reasonable in otherwise eligible patients with small number (1-10) of CMBs. Treatment may be associated with increased risk of sICH in patients with high burden of CMBs (>10), may be reasonable if there is potential for substantial benefit.
Extra-axial intracranial neoplasms	Probably recommended.
Acute MI	For concurrent AIS and MI, treat at cerebral ischemia dose, then coronary angioplasty and stenting if indicated.
Recent MI (within 3 months)	Reasonable if non-STEMI. Also reasonable if STEMI involving right or inferior myocardium. May be reasonable if STEMI involving left anterior myocardium.
Other cardiac diseases	May be reasonable in acute pericarditis if major stroke. Uncertain benefit in acute pericarditis if moderate stroke. May be reasonable with LA or LV thrombus if major stroke. Uncertain benefit with LA or LV thrombus if moderate stroke. May be reasonable with cardiac myxoma and major stroke. May be reasonable with papillary fibroelastoma and major stroke.



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