The “Golden Hour” of acute ischemic stroke treatment

Acute ischemic stroke is a serious medical emergency— as urgent as heart attack or serious trauma.

- Door to treatment in ≤60 minutes is the standard of care recognized by professional medical associations involved in the treatment of acute ischemic stroke.

Time-saving recommendations

- Keep "stroke toolkit" containing order sets, NIHSS information, and other stroke-related materials on hand.
- Keep Activase® (alteplase) stocked in the ED or CT scanner area.
- Place digital stopwatches above ED beds and start when a stroke patient arrives.
- Train nursing staff to administer the NIHSS or other stroke assessment scale.
- Obtain advance hospital notification from EMS.
- Have the stroke team (ie, the stroke coordinator, house supervisor, technician for the CT scanner, laboratory technician for the ED) carry pagers so they can be immediately alerted via a single-call activation system.
- Include CT techns on stroke team pages and provide "Time Is Brain" training to instill the urgency of scanning stroke patients.
- Locate CT scanners in close proximity to the ED to reduce transit time.
- Routinely train nursing staff on Activase reconstitution and administration.
- Report door-to-treatment times and patient outcomes to ED staff to foster best practices.

Indication

Activase® (Alteplase) is indicated for the management of acute ischemic stroke in adults for improving neurological recovery and reducing the incidence of disability. Treatment should only be initiated within 3 hours after the onset of stroke symptoms, and after exclusion of intracranial hemorrhage by a cranial computerized tomography (CT) scan or other diagnostic imaging method sensitive for the presence of hemorrhage (see CONTRAINDICATIONS in the full prescribing information).

Important Safety Information

Activase therapy in patients with AIS is contraindicated in certain situations (eg, suspicion of subarachnoid hemorrhage on pretreatment evaluation), recent (within 3 months) intracranial or intraspinal surgery, history of intracranial hemorrhage, uncontrolled hypertension at time of treatment, active internal bleeding, known bleeding diathesis (eg, current use of oral anticoagulants, administration of heparin within 48 hours of onset of stroke, platelet count <100,000/mm³), history of intracranial hemorrhage by a cranial computerized tomography (CT) scan or other diagnostic imaging method sensitive for the presence of hemorrhage (see CONTRAINDICATIONS for full list).

The most common complication during Activase therapy is bleeding. Should serious bleeding in a critical location (intracranial, gastrointestinal, retroperitoneal, pericardial) occur, Activase therapy should be discontinued immediately. Death and permanent disability are not uncommonly reported in patients who have experienced stroke (including intracranial bleeding) and other serious bleeding episodes. The risks of Activase therapy may be increased and should be weighed against the anticipated benefits in certain conditions. [See WARNINGS in full prescribing information.]

- Patients with severe neurological deficit (eg, NIHSS >22) at presentation. There is an increased risk of intracranial hemorrhage in these patients.
- Patients with major early infarct signs on a computerized cranial tomography (CT) scan (eg, substantial edema, mass effect, or midline shift).
- Treatment of patients with minor neurological deficit or with rapidly improving symptoms is not recommended.

Oroolingual angioedema has been observed in postmarketing experience in patients treated with Activase for AIS. Patients should be monitored during and for several hours after infusion for signs of orolingual angioedema.

Please see full Prescribing Information for additional Important Safety Information.

References: