

**Algorithm, Clinical Highlights, Annotations, Appendices**

**Algorithm**

Box #9 Revised symptoms within two hours to within three hours.

Box #10 Revised symptoms within two hours to within three hours.

Box #18 Added floater box detailing the ECASS trial exclusion criteria for extended timeframe for tPA administration.

Box #35 Specified that aspirin is only administered after swallow evaluation.

**Clinical Highlights**

- \* Stated in plain English that tPA is a proven therapy for ischemic stroke.

**Annotations**

2 – Added several stroke identification scales, such as that used by the Emergency Department (ROSIER scale).

18 – Revised language of key points for clarity. Added Bluhmki 2009, Saver 2009, and del Zoppo 2009.

- \* 21 – Added Latchaw. Introduced CT followed by carotid ultrasound as approach to imaging.
- \* 23 – Added Fothergill 2009, Amerenco 2009 and Ois 2008 on the topic of ABCD2 scale.
- \* 29 – Added goal of 20 minutes from CT scan to the interpretation of it.
- \* 30 – Added Meyers 2009 regarding middle cerebral artery occlusion. Added Smith 2009 and Gobin 2008 regarding mechanical clot removal. Added The Penumbra Pivotal Stroke Trial Investigators 2009. Added Ebinger 2009, Miteff 2009, Hacke 2009, Parson 2009 regarding perfusion-diffusion mismatch.
- \* 31 – Clarified nitroglycerin ointment USP 2% or nicardipine (instead of nitro paste) in this annotation and throughout the Ischemic Stroke documents. Added Potter 2009 regarding blood pressure reduction with labetalol or lisinopril. Added Ahmed 2009 regarding non-treatment with thrombolytic agents and the U-shaped relationship between blood pressure measures and survival. Added den Hertog 2009 on the topic of hyperthermia.
- \* 35 – Thigh length graduated compression stockings are not effective for venous thromboembolism prophylaxis (The Clots Trials Collaboration 2009), noted in this annotation and throughout the Ischemic Stroke documents.
- \* 37 – Added Fothergill 2009

**Appendices**

Deleted Appendix A – glossary.

Added Kleindorfer 2009 to “Acute Stroke Care Networks” now known as Appendix A, regarding high percentage of Americans who live in counties without substantial experience administering IV tPA.

**Priority Aims & Suggested Measures, Measurement Specifications**

Minor language modifications made to match recommendations in the document.

**Support for Implementation**

None

*\*An asterisk indicates any changes in clinical practice recommendations*