

MUSC Telestroke Recommendations: IV Alteplase (tPA) Reversal

If suspected bleed, immediately discontinue Alteplase (tPA) administration.

Stat lab draw:

Fibrinogen

CBC

Type and screen

PT, PTT, and INR

Clinical Practice Points: Results of STAT Head CT determine recommended course of action:

If CT reveals an ICH within SIX hours of Alteplase (tPA) administration:

a) Administer **STAT**:

- 2 pre-pooled therapeutic adult dose of cryoprecipitate or 5 individual pooled bags of cryoprecipitate (about 200ml or 2000mg fibrinogen)
- Consider 1 pheresis unit of platelets or 5 individual pooled bags of random donor or whole blood derived platelets (about 300ml) if platelet count is < 100k or confirmed antiplatelet use in the past 7 days
- Consider fresh frozen plasma if fibrinogen > 150 mg/dL (which = normal) and PT/INR or PTT prolonged
- Recheck fibrinogen level 30 minutes post cryoprecipitate transfusion
- If fibrinogen remains < 150 mg/dL after 1st cryoprecipitate dose, give additional 2 pre-pooled therapeutic adult doses of cryoprecipitate or 5 individual pooled bags of cryoprecipitate (about 200ml)

b) Consult Neurosurgery STAT

c) **Notify MUSC Telestroke team**

If CT reveals an ICH beyond SIX hours of Alteplase (tPA) administration:

a) Consider

- Cryoprecipitate if fibrinogen < 150mg/dL (same dosing strategy as above)
- Platelets if platelet count < 100k or confirmed antiplatelet use in the past 7 days (same dosing as above)

b) Consult Neurosurgery STAT

c) **Notify MUSC Telestroke team**

If CT results **DO NOT** reveal ICH

a) **DO NOT** administer fresh frozen plasma, cryoprecipitate, or platelets

b) **DO NOT** reinstitute tPA infusion

