

Inclusion Criteria (Class I)	Exclusion Criteria (Class III)
18 years of age or greater	Last known well >3 or 4.5 hours
Clinical diagnosis of ischemic stroke causing a measurable neurological deficit	GI/GU malignancy or GI/GU bleeding (within previous 21 days)
Onset of symptoms <3 hours before treatment begins	
BP <185/110	Significant head trauma or prior stroke in the previous 3 months
Blood glucose > 50mg/ dL	Current or previous intracranial hemorrhage
Onset 3 – 4.5 hours: Inclusion (Class I LOE B)	CT demonstrating extensive infarction/ hypoattenuation
80 or younger	Intracranial or Intraspinal surgery within 3 months
No history of DM + prior stroke	Symptoms suggestive of subarachnoid hemorrhage
NIHSS 25 or less	
No OACs	Active internal bleeding
No imaging evidence of ischemic injury involving more than 1/3 rd of the MCA territory	Acute bleeding diathesis including but not limited to <ul style="list-style-type: none"> • Platelet count < 100000 • Treatment dose of LMW heparin received within 24 hours • INR > 1.7, PT > 15sec, aPTT > 40 sec • Current use of direct thrombin inhibitors or direct factor Xa inhibitors • Current use of glycoprotein IIb/ IIIa receptor inhibitors
	Symptoms consistent with infective endocarditis
	Suspected aortic arch dissection

Considerations and Relative Exclusion Criteria (Class II)	
Minor symptoms (IIb – may be considered)	mRS > 1 or preexisting dementia (IIb – may be reasonable)
Rapidly improving stroke symptoms (IIa – reasonable if symptoms still disabling)	Seizure at onset with postictal residual neurological impairments (IIa – reasonable if evidence suggests stroke)
Blood glucose <50 or >400 (IIb – reasonable if blood glucose normalized)	Coagulopathy or h/o warfarin use and INR <1.8 or PT<15 sec (IIb –may be reasonable)
Dural puncture in previous 7 days (IIb – may be considered)	Arterial puncture at a non-compressible site in the previous 7 days (IIb – safety uncertain)
Recent major trauma not involving the head in the last 14 days (IIb – may be considered if risk/benefit ration favors treatment)	Recent major surgery in the last 14 days (IIb – may be considered if risk/benefit ratio favors treatment)
History of GI/ GU greater than 21 days prior to presentation (IIb – may be reasonable)	Menstruation (IIa – probably indicated)
Extracranial cervical dissection (IIa – reasonably safe and probably recommended)	Intracranial arterial dissection (IIb – unknown, uncertain)
AVM, or unruptured and unsecured, giant, intracranial aneurysm (IIb – use fullness and risk not well established)	Unruptured intracranial aneurysm <10 mm (IIa – reasonable and probably recommended)
Greater than 10, known cerebral microbleeds (IIb – uncertain benefit)	10 or fewer known cerebral microbleeds (IIa - reasonable)
Extraaxial intracranial neoplasm (IIa – probably recommended)	Acute MI or recent MI (NSTEMI, right or inferior myocardium) (IIa - reasonable)
Acute pericarditis, known cardiac thrombus, cardiac myxoma, or papillary fibroelastoma (IIb – may be reasonable but of uncertain benefit)	Recent MI involving the left anterior myocardium (IIb - reasonable)
Stroke in the setting of cardiac or cerebral angiographic procedures (IIa – reasonable)	Systemic malignancy and life expectancy <6 months (IIb -reasonable)
Pregnancy or early post partum (IIb – may be considered if risk/ benefit ratio is favorable)	History of ophthalmological hemorrhages (IIa - reasonable)
Known sickle cell disease (IIa – can be beneficial)	Concomitant use of illicit drugs (IIa - reasonable)
Stroke mimics (IIa- probably recommended)	
Onset 3 – 4.5 hours	
<i>Age greater than 80 (IIa – safe and effective)</i>	
<i>Minor or rapidly improving stroke symptoms (IIb- may be reasonable)</i>	
<i>History of DM and prior stroke (IIb- may be reasonable)</i>	
<i>NIHSS greater than 25 (IIb- uncertain benefit)</i>	
<i>Taking warfarin and INR < 1.8 and PT < 15 sec (IIb – safe and may be beneficial)</i>	