Indication
Activase® (alteplase) is indicated for the treatment of acute ischemic stroke (AIS). Exclude intracranial hemorrhage as the primary cause of stroke signs and symptoms prior to initiation of treatment. Initiate treatment as soon as possible but within 3 hours after symptom onset.

Important Safety Information
Contraindications
Do not administer Activase to treat acute ischemic stroke in the following situations in which the risk of bleeding is greater than the potential benefit: current intracranial hemorrhage (ICH); subarachnoid hemorrhage; active internal bleeding; recent (within 3 months) intracranial or intraspinal surgery or serious head trauma; presence of intracranial conditions that may increase the risk of bleeding; bleeding diathesis; and current severe uncontrolled hypertension.

Please see additional Important Safety Information on page 3 and full Prescribing Information.
GUIDELINES FOR ACHIEVING DOOR TO NEEDLE IN 60 MIN OR LESS

**DOOR TO NEEDLE IN ≤60 MIN**

1. Suspected stroke patient arrives at ED
2. Door to Physician: Initiate MD evaluation and labwork
3. Door to Stroke Team: Notify stroke team (including neurologic expertise)
4. Door to CT/MRI\(^b\) Initiation: Initiate imaging scan; Review patient history and establish time of last known well/symptom onset; Assess using NIHSS
5. Door to CT/MRI\(^b\) Interpretation: Interpret imaging scan and labs; Review patient eligibility for Activase\(^a\) (alteplase)
6. Door to Needle Time: Give Activase bolus and initiate infusion in eligible patients\(^a\)

**DOOR TO NEEDLE IN ≤45 MIN**

1. Suspected stroke patient arrives at ED
2. Door to Physician: Initiate MD evaluation and labwork
3. Door to Stroke Team: Notify stroke team (including neurologic expertise)
4. Door to CT/MRI\(^b\) Initiation: Initiate imaging scan; Review patient history and establish time of last known well/symptom onset; Assess using NIHSS
5. Door to CT/MRI\(^b\) Interpretation: Interpret imaging scan and labs; Review patient eligibility for Activase
6. Door to Needle Time: Give Activase bolus and initiate infusion in eligible patients\(^a\)

\(^a\) Initiate treatment with Activase as soon as possible but within 3 hours after symptom onset.
\(^b\) Advanced or additional imaging, such as MRI, should not delay Activase treatment.

CT, computed tomography; ED, emergency department; MD, medical doctor; MRI, magnetic resonance imaging; NIHSS, National Institute of Health Stroke Scale

References:

Please see additional Important Safety Information on page 3 and full Prescribing Information.
Important Safety Information (cont’d)

**Warnings and Precautions**

**Bleeding**
Activase can cause significant, sometimes fatal, internal or external bleeding, especially at arterial and venous puncture sites. Avoid intramuscular injections and trauma to the patient. Fatal cases of hemorrhage associated with traumatic intubation in patients administered Activase have been reported. Heparin, aspirin, or Activase may cause bleeding complications; therefore carefully monitor for bleeding. If serious bleeding occurs, terminate the Activase infusion.

**Orolingual Angioedema**
Monitor patients during and for several hours after infusion for orolingual angioedema. If angioedema develops, discontinue the Activase infusion and promptly institute appropriate therapy.

**Cholesterol Embolization**
Cholesterol embolism, sometimes fatal, has been reported rarely in patients treated with thrombolytic agents.

**Coagulation Tests May be Unreliable during Activase Therapy**
Coagulation tests and/or measures of fibrinolytic activity may be unreliable during Activase therapy.

**Adverse Reactions**
The most frequent adverse reaction associated with Activase AIS therapy is bleeding.

Allergic-type reactions, e.g., anaphylactoid reaction, laryngeal edema, orolingual angioedema, rash, and urticaria have been reported.

Please see full Prescribing Information for additional Important Safety Information.