

Protecting, Maintaining and Improving the Health of All Minnesotans

Consensus Statement on the Acquisition of Informed Consent for Administration of Intravenous Alteplase in Acute Ischemic Stroke

The Stroke Neurology Advisory Group to the Minnesota Department of Health Stroke Program has developed this consensus statement regarding the process for informed consent acquisition in the treatment of acute ischemic stroke with intravenous (IV) alteplase. The currently available data from high-quality randomized clinical trials, meta-analyses, and analyses of large national and international databases demonstrate strong evidence that among eligible patients: 1) The benefit of IV alteplase outweighs the risk when administered within 4.5 hours of onset (or from the time last seen normal); and 2) The magnitude of benefit declines and the risk of serious complications increases with time such that every minute of delay counts.

Given the strong evidence supporting the safe implementation of IV alteplase as the standard of care among eligible stroke patients, this group recommends that verbal consent be obtained after a discussion of potential risks and anticipated benefits prior to treatment initiation. Treatment delays associated with obtaining written informed consent or when acquisition of verbal consent is immediately unavailable is not recommended when timeliness of treatment is in the best of interest of eligible patients.*

Minnesota Stroke Neurology Advisory Group members

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*Statement endorsed by the Minnesota Chapter of American College of Emergency Physicians (September 12, 2018)

Reference: Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, Brown M, Demaerschalk BM, Hoh B, Jauch EC, Kidwell CS, Leslie-Mazwi TM, Ovbiagele B, Scott PA, Sheth KN, Southerland AM, Summers DV, Tirschwell DL; on behalf of the American Heart Association Stroke Council. 2018 Guidelines for the early management of patients with acute ischemic stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2018;49:eXXX–eXXX. doi: 10.1161/STR.000000000000158.