

ND Acute Stroke Treatment Guideline

0-15 minutes	Patient Name: _____ Date of Birth: _____ ED Arrival: Date _____ Time _____ Last Known Well: Date _____ Time _____ <input type="checkbox"/> Activate Stroke Response Team <input type="checkbox"/> Prepare for Stat CT <input type="checkbox"/> Consider activating transport	Assess the following: <input type="checkbox"/> BP _____ mm/hg <input type="checkbox"/> Pulse _____ bpm <input type="checkbox"/> O2 Saturation _____ % <input type="checkbox"/> Bedside Glucose _____ mg/dL (Do not repeat if completed by EMS. Treat if <60) <input type="checkbox"/> VS q 15 min with neuro checks <input type="checkbox"/> Continuous cardiac monitoring <input type="checkbox"/> NIHSS on arrival _____	<input type="checkbox"/> O2 to keep SATS >94% (do not administer O2 if patient non-hypoxic) <input type="checkbox"/> Keep NPO (including meds and ice chips) <input type="checkbox"/> Establish 1-2 large bore IVs <input type="checkbox"/> Normal Saline 0.9% TKO <input type="checkbox"/> Consider activating telehealth *Do not delay CT scan for any of the preceding	
15-45 minutes	<input type="checkbox"/> CT Scan head w/o contrast (Door to CT scan goal <25 minutes) <input type="checkbox"/> Request stat read of CT scan <input type="checkbox"/> Stroke Panel: CBC, Platelets, PT-INR, PTT, BMP, Troponin <input type="checkbox"/> Serum pregnancy test for females of childbearing age <input type="checkbox"/> 12L ECG if time allows <input type="checkbox"/> Weight _____ kg	CT Scan Results: (Door to CT scan results goal <45 minutes) <input type="checkbox"/> No acute findings <input type="checkbox"/> New Ischemic Stroke <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Other _____ <input type="checkbox"/> Consult with accepting neurologist once CT scan results obtained. Send images if able. <input type="checkbox"/> Arrange transport plans if not already done	<input type="checkbox"/> If CT is negative for hemorrhage or other acute findings, complete Inclusion and Exclusion Criteria for IV Thrombolytic Treatment of Ischemic Stroke checklist to determine IV thrombolytic eligibility <input type="checkbox"/> If patient is ruled ineligible for IV thrombolytic due to BP >185/110, refer to BP Management section	
45-60 minutes	<p style="background-color: yellow;">Choose one of the following:</p> <p>IV Thrombolytic Eligible Ischemic Stroke Patient- Alteplase Administration</p> <input type="checkbox"/> IV Alteplase 0.9 mg/kg (max dose 90 mg) Total IV Alteplase. Total Dose _____ mg <input type="checkbox"/> 10% total IV Alteplase dose as bolus over one minute. Bolus Dose _____ mg Time of bolus _____ <input type="checkbox"/> Remainder of IV Alteplase over 60 minutes Rate of infusion _____ ml/hr <input type="checkbox"/> Follow IV Alteplase with 50 ml Normal Saline 0.9% at same rate as IV Alteplase infusion	<p>IV Thrombolytic Eligible Ischemic Stroke Patient</p> <input type="checkbox"/> VS and neuro checks q 15 min during infusion, then q 15 min x 2 hr, q 30 min x 6 hr, then hourly until 24 hours after treatment <input type="checkbox"/> If BP > 180/105, refer to BP Management section below <input type="checkbox"/> Repeat head CT if neuro status declines <input type="checkbox"/> If symptom onset <24 hours, screen for large vessel occlusion (see below) <input type="checkbox"/> No anticoagulant/antiplatelet for 24 hours <input type="checkbox"/> NIHSS post infusion _____	<p>Non-IV Thrombolytic Eligible Ischemic Stroke Patient</p> <input type="checkbox"/> ASA 300 mg PR <input type="checkbox"/> If BP >220/120, consult with accepting neurologist regarding possible BP management <input type="checkbox"/> If symptom onset <24 hours, screen for one or more of the following criteria indicating a possible large vessel occlusion (LVO): <input type="checkbox"/> NIHSS >6 score _____ <input type="checkbox"/> FAST ED >4 score _____ <input type="checkbox"/> Signs of cortical stroke: confusion, aphasia, neglect, visual field changes, head or gaze deviation <input type="checkbox"/> If symptom onset is >24 hours consult neurologist regarding possible treatment options	<p>Hemorrhagic Stroke Patient</p> <input type="checkbox"/> If SBP between 150-220 administer medications as listed in BP management section below to achieve BP <140/90. <input type="checkbox"/> If SBP >220 mmHg, consult neurologist regarding BP management. <input type="checkbox"/> If patient is on oral anticoagulant, follow local ED protocol regarding use of reversal agents <input type="checkbox"/> Elevate HOB 30 degrees <input type="checkbox"/> Discuss possible anti-seizure and ICP lowering measures with consulting neurologist
BP Management	<p>If ischemic stroke patient is ruled ineligible for IV thrombolytic due to BP >185/110, lower to acceptable range (SBP 140-180) with agents below. For hemorrhagic stroke, lower SBP to <140 with agents below.</p> <input type="checkbox"/> Labetalol 10-20 mg IV over 1-2 minutes, may repeat x 1 OR <input type="checkbox"/> Nicardipine infusion: 5 mg/hr, titrate up by 2.5 mg/hr at 5-15 min intervals, max dose 15 mg/hr OR <input type="checkbox"/> Consider other agents (hydralazine, enalapril, clevidipine) when appropriate. AVOID NITRATES.			<p>If BP > 180/105 during and within 24 hours after treatment with IV thrombolytic, administer the following:</p> <input type="checkbox"/> Labetalol 10 mg IV followed by continuous IV infusion 2-8 mg/min OR <input type="checkbox"/> Nicardipine 5 mg/hr IV, titrate up to desired effect by 2.5 mg/hr q 5-15 min, max 15 mg/hr
Disposition	Report the following to accepting hospital staff: <input type="checkbox"/> H&P, Last Known Well, Medications, Lab results <input type="checkbox"/> NIHSS at Discharge _____ Contact name: _____ Cell #: _____			