

# Acute Stroke Protocol

Stroke-like Symptoms of **KNOWN** onset within **24 hours** of Patient's Arrival

**OR**

The patient **AWOKE FROM SLEEPING** with new Stroke-like symptoms  
(Even if the last time the patient was seen normal was greater than 24 hours)  
(Even if resolving)

## Stroke signs or symptoms:

- Central facial droop / paralysis (unilateral – lower ½ of face droops, forehead normal)
- Aphasia (expressive / receptive / mute)
- Facial sensory loss / deficit (numbness / tingling) - unilateral
- Motor deficit / drift (limb weakness) - unilateral
- Extremity sensory deficit (numbness / tingling or loss of sensation) - unilateral
- Limb / gait ataxia (limb clumsiness, gain abnormal)
- Hemianopia (blindness for ½ of vision field – one or both eyes)
- Dysarthria (inability to speak due to tongue impairment)
- Diplopia (double vision)

## NOTIFY

**ED Team Leader / Primary RN**  
**RT for I-stat Creatinine**  
**Access Services for Urgent Reg (Reg on A Team)**  
**CT Staff**  
If at triage, notify Flow Coordinator

**ED Physician**  
Obtain NIH Stroke Scale. If NIHSS  $\geq 6$  (or less with significant deficit as determined by physician) obtain CTA.  
LSN 0-4 hrs – CTA head and neck  
LSN 4-24 hrs – CTP + CTA head and neck  
If pre-stroke mRS  $> 2$ , no CTP

**Page Neurologist**  
M-F (7a-5p) use on call pager 214-820-4561  
Otherwise, page neurologist on call

### FLOW COORDINATOR OR TRIAGE RN

Place orders in MedHost. Use **STROKE SDO** folder.

- ◇ **Start 18 g IV in RIGHT** upper extremity if possible
- ◇ **CT head STAT** (If airway intact, breathing unlabored, and pt. has peripheral pulse, move directly to scanner)
  - **GOAL:** Door-to-CT:  $\leq 10$  min
- ◇ **Lab STAT**
  - POC Glucose
  - CBC
  - PT w/INR, PTT
  - CMP
  - Serum Pregnancy Test (child-bearing females)
  - I-stat Creatinine
  - **GOAL:** Door-to-Draw  $\leq 15$  min
- ◇ **EKG**
  - **GOAL:** Door-to-EKG  $\leq 45$  min
- ◇ **NPO until pass dysphagia screen**

### PRIMARY NURSE

- ◇ **POC Glucose and Creatinine** in ED on arrival
  - Notify Doctor: DFS  $< 70$  or  $> 150$
- ◇ **Tube blood to lab ASAP** using yellow tube carriers
- ◇ **VS, Neuro Checks & O2 sat:**
  - ICU/3Truett-Acute Stroke Unit = Q hr X 12, then Q 2 hrs
  - ICU/3Truett-Acute Stroke Unit (ICH) = Q hr X 24, then Q 2 hrs
  - Floor/Tele = Q 4 hrs
  - Notify Doctor: SBP  $> 185$ , DBP  $> 110$
  - Notify Doctor: O2 Sat  $< 94\%$ , obtain order for O2
- ◇ **NPO until pass dysphagia screen**
- ◇ **\*\*If IV Alteplase (tPA) ordered:**
  - Notify ED Pharmacist
  - Weigh patient (or physician may estimate if time sensitive)
  - VS, Neuro checks & O2 sats
    - ~Q 15 min x 2 hrs after bolus
    - ~then Q 30 min x 6 hrs
    - ~then Q 1 h until departure from ED
  - Notify Doctor: SBP  $> 180$ , DBP  $> 105$
  - IV access x 2
  - **GOAL: Door-to-Drug:  $\leq 30$  min \*\*\***

See next page for Interventional Radiology process...

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