STROKE ACTIVATION ALGORITHM

EMS:
- Alert ED of “possible stroke in route”
- Attempt to establish time last known well (LKW) &/or symptom onset

ED MD alerted/ED staff on standby

ED Walk-in/In House:
- Assess by triage RN or Rapid Response Team
- Cincinnati Stroke Scale or F-A-S-T → if + in ED → alert ED MD of possible stroke
- In house patient → Assessed by bedside nurse, the patient’s MD, or the Rapid Response Team

STROKE SYMPTOMS-SUDDEN ONSET (< 4 HRS) or "Wake up" STROKE:
- Weakness/Numbness/heaviness of face/arm/leg on one side of body
- Aphasia or slurred speech
- Sudden or severe headache with no known cause
- Nystagmus, unilateral vision disturbances, double vision, Dysconjugate gaze
- Facial droop; facial weakness
- Dysphagia or absence of swallow or gag
- Unexplained N/V-suspicious of posterior occlusion
- Vertigo or dizziness

- Assess & stabilize ABC’s
- INITIAL MD EVALUATION WITHIN 10 MINUTES OF ARRIVAL OR ONSET OF SYMPTOMS
  - MD to verify/establish time last known well (LKW) &/or symptom onset:
    - If symptom onset < 4 hrs or "wake up" stroke symptoms → STROKE ACTIVATION
    - If symptoms resolving but still present → STROKE ACTIVATION
    - If symptoms completely resolve → NO STROKE ACTIVATION

ACTIVATE STROKE ACTIVATION 2-5000

- Access to NEUROLOGIST < 15 MINS – NEUROLOGY WILL CALL ED CHARGE RESIDENT (ED)
- OR MICU CHARGE NURSE (INPATIENT) IF CANNOT BE PRESENT WITHIN 15 MIN.
- *NIH STROKE SCALE MUST BE COMPLETED AS AN INITIAL ASSESSMENT
- *NEUROLOGY MD NEEDS TO BE AT THE BEDSIDE ASAP → NO LATER THAN 30 MINS
- *ED or ICU MD → INITIATE STROKE ACTIVATION ORDER SET "DON'T UNCHECK ORDERS" & INITIATE NIHSS
- * ED or ICU MD → Document date/time of all consults & time last known well &/or symptom onset

GOAL DOOR TO CT < 25 MINS
Primary RN/Charge RN/ED Team/Stroke Activation Team

- Apply cardiac monitor/NIBP/Pulse Ox
- Obtain accurate weight
- Initiate O2 to keep O2sats >92%
- Start 2 large bore IV (AC preferable)
- Stat finger stick glucose → if <60 or >400 notify MD
- Draw STAT labs → send to lab in specimen bag with affixed STROKE label
- Prepare for transport to CT → O2 tank/cardiac monitor for transport
- Keep NPO until passes swallow screen or study; must be documented
- 12-lead EKG and CXR

DOES CT SCAN SHOW INTRACEREBRAL OR SUBARACHNOID HEMORRHAGE?

YES
- Consult Neurosurgery
- Initiate Hemorrhagic Stroke Orders
- Select order set: NEU Hemorrhagic Stroke Admission

NO
- Review tPA contraindications
  (See ED Ischemic Stroke with tPA dosing treatment orderset)
- Is patient a tPA candidate
  (4 ½ hr window from LKW)?

YES

IF PT HAS LARGE VESSEL OCCLUSION ON CTA -Consult Neuro Intervention

MD- STAT for possible IA tPA or mechanical thrombectomy/thrombolysis
(See Monthly Stroke Activation call Schedule for MD contact information)

NO

1. Continue Stroke workup
2. If pt. admitted select order set:
   NEU ischemic Stroke Non-thrombolytic admission

DOOR TO NEEDLE < 60 MINS

1. Obtain consent if LKW > 3 hours
2. To order tPA, select order set: ED Ischemic Stroke with tPA dosing treatment
3. Administer tPA per order set guidelines

Reference

8/2014