

**Initial Orders**

Fingerstick glucose - if not already done

+ Basic metabolic panel  
 CBC with differential  
 Troponin  
 NPO except meds

PT-INR  
PTT

ECG for evaluation of stroke

XR Chest (PA/Lat or AP) - stroke evaluation

**PREHOSPITAL notification of severe stroke:**

(Aphasia, Limb Drift with LSW <24 hours)

- Ask for:
  - FSBS
  - LSW (Last Seen Well) time
  - ETA
- Hold CT scanner if <24 hours and patient is nearby per MD judgement (i.e. <10 minutes transport time)
- Divert EMS to CT scanner if scanner is available
- Notify nursing and registration of patient ETA with plan

**ED Evaluation**

Obtain LSW time immediately upon ED arrival

**CT head non contrast**

- Routine care

LSW ≤ 24 hours

Calculate NIHSS or rapid stroke assessment (aphasia, limb drift)

- Consider [thrombolysis exclusion criteria](#)

**CT Head and Stroke Team contact**

- CT Head - Code stroke
- Contact Stroke team

Acute Blood?

**Hemorrhagic Stroke** - see ICH or SAH algorithm

**tPA exclusion criteria**

- Current intracranial hemorrhage
- 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 (e.g., some neoplasms, arteriovenous malformations, or aneurysms)
- Bleeding diathesis
- Current severe uncontrolled hypertension

**Additional exclusion criteria Between 3 and 4.5 hours:**

- Age >80 years
- Severe stroke (NIHSS > 25)
- History of diabetes and prior stroke
- Taking an oral anticoagulant regardless of INR

LSW < 6 hrs

6 hrs < LSW < 24 hrs

+ CT Angio Head  
 CT Angio Neck  
 CT Perfusion Head

+ CT Angio Head  
 CT Angio Neck

**Consider thrombolysis**

- LSW < 4.5 hrs
- BP < 185/100
- Review [thrombolysis exclusion criteria](#)
- DTN bolus < 45 min

**Eval for Endovascular Treatment**

- LVO on CTA or hyperdense vessel sign
- ASPECTS ≥ 6
- NIHSS ≥ 6
- mRS 0-1

**Eval for delayed-window Endovascular Treatment**

- LVO on CTA or hyperdense vessel sign
- ASPECTS ≥ 6
- NIHSS ≥ 6
- mRS 0-1
- CTP
  - Core < 70 cc
  - Mismatch ≥ 1.8
  - Mismatch volume ≥ 15 ml

**Consider wake-up MRI**

- No LVO on CTA
- Disabling symptoms
- No infarct on HCT
- Age < 80
- No [thrombolysis exclusion criteria](#)

MRI Brain WO contrast - indication stroke

\* Perform within 3.5 hours of symptom recognition

**Eval DWI/FLAIR mismatch?**

YES

Administer thrombolysis w/in 4.5 hours of symptom discovery

NO

Routine care

**Disposition**

- All IV thrombolysis / EVT patients will go to NSICU
- Consider ICU admission for the following:
  - MCA distribution infarct at risk for cerebral edema
  - Large cerebral infarct
  - Fluctuating symptoms requiring BP titration
  - LVO with low NIHSS who may deteriorate

**Thrombolysis Orders**

Administer tenecteplase

\*Call Neuro Reading Room at 4-6376. If no answer, call General Reading Room at 4-2788.