

### ACUTE STROKE PATHWAY

<b>Date:</b> _____		<b>Time of Protocol Initiation:</b> _____	
ER nursing staff should initiate the following orders STAT if patient has suspected stroke or TIA (see back of page):			
<b>Clerk:</b>			<b>Time Ordered</b>
1. Page STROKE TEAM 1 <input type="checkbox"/> or STROKE TEAM 2 <input type="checkbox"/> and notify ER MD STAT. (within 10 min ED)			
2. Order STAT CT scan of head (within 25 min of ED arrival; reading within 45 min)			
3. CTA Head and Neck (18 Gauge IV line required)			
4. Order STAT EKG			
<b>Nurse:</b>			
1. Perform rapid assessment of patient and report to stroke team (signs, symptoms, onset, VS, meds, and diseases)			
2. Stroke Box at bedside			
3. Start 18 Gauge IV: 0.9% NS to run at 100cc/hr			
4. STAT Labs: (Labs must be drawn prior to going to CT scan)			
<input type="checkbox"/> Stroke 1 Panel <input type="checkbox"/> Stroke 2 Panel			
5. O <sub>2</sub> : Maintain O <sub>2</sub> Sat > 95% by nasal cannula or mask.			
6. Assess neuro status, BP, HR, RR q 15 minutes.			
7. Additional orders: <input type="checkbox"/> Foley <input type="checkbox"/> Arterial line <input type="checkbox"/> Additional Labs:			
8. Refrain from treating BP unless compelled to do so, i.e. cardiac decompensation, or hypertensive encephalopathy. In all cases, avoid nifedipine and donidine.			
<b>Physician Signature:</b> _____			
<b>STROKE rt-PA (Alteplase) PROTOCOL ORDERS</b> (Must be ordered by physician after diagnostic evaluation completed)			<b>Time Done</b>
1. Confirm eligibility for rt-PA (Alteplase) protocol. (See check list back page)			
2. Start second IV line: 0.9% NaCl TKO or _____ cc/hr			
3. BP Treatment: (rt-PA should not be administered if BP > 185/110)			
a. Avoid nifedipine and clonidine.			
b. If BP > 185/110, apply 1" nitroglycerin ointment 2% and labetalol _____ mg IV (recommend 5-10 mg).			
c. If BP still > 185/110 in 10 min, give labetalol _____ mg IV (recommend 5-10 mg). Consider using hydralazine _____ mg IV (recommend 5-10 mg) with or instead of labetalol.			
d. If BP still > 185/110 in another 10 min, give labetalol _____ mg IV (recommend 10-20 mg). Consider using hydralazine _____ mg IV (recommend 5-10 mg) with or instead of labetalol.			
e. If BP still > 185/110, start nitroprusside drip (0.5 - 10 µg/kg/min) and titrate to keep BP < 185/110.			
4. Use rt-PA dosing chart in Stroke Box			
a. rt-PA (Alteplase) drug order: Patient wt. = _____ kg.			
b. Total rt-PA (Alteplase) dose of 0.9 mg/kg: _____ mg. (90 mg MAX)			
c. 10% of total dose: _____ mg IV bolus over 1 min. (Goal: Administered within 60 min of ED arrival)			
d. 90% of total dose: _____ mg as IV drip over 60 minutes.			
e. Mix rt-PA (Alteplase) vial 1mg/ml with preservative free sterile H <sub>2</sub> O.			
5. Continue neuro assessment, BP, HR, RR, q 15 min until patients leaves ED.			
6. Infusion to be stopped by RN immediately and MD notified if any of the following occur:			
<ul style="list-style-type: none"> <li>• Sudden decrease in LOC</li> <li>• Headache, nausea or vomiting</li> <li>• New neurologic deficit</li> <li>• Any signs of bleeding</li> </ul>			
7. No IM injections. Draw labs from pre-existing lines. Avoid using automatic BP machines.			
8. No heparin, other additional anticoagulants or anti-platelet therapy should be given within the first 24 hours.			
9. Other orders:			
<b>ED or Stroke Team Physician Signature:</b> _____			

X- MFR-4008 (04/02)

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Source: Barrow Neurological Institute of St. Joseph's Hospital and Medical Center, Phoenix. This information is based on guidelines set by the National Institute of Neurological Disorders and Stroke in Bethesda, MD. These orders represent only one potential approach to the management of acute ischemic stroke patients. For each patient, physicians and institutions must determine treatment appropriate for their own situation.