

PATIENT PRESENTING WITH ACUTE STROKE SYMPTOMS-EVALUATION**POLICY**

Patients presenting to [FACILITY NAME] with symptoms of an acute stroke will be emergently assessed, treated and admitted or transported to [IDENTIFIED FACILITY] after assessment and evaluation. Total time from assessment and treatment to the initiation of transfer to the nearest appropriate facility for continued care and monitoring of the patient will be less than 60 minutes per best practice guidelines.

Patient presents with onset of stroke symptoms and is being evaluated for thrombolytic therapy.

Emergent Evaluation: Patients with symptoms of suspected stroke are admitted and evaluated emergently

1. **Diagnosis & Time of Onset.** Evaluate patient for diagnosis of stroke and determine time of onset of symptoms
2. **Brain Imaging.** Order STAT non-contrast head CT; specify Dx: "Emergent Acute Stroke"
3. **IV Access:** Establish IV line, preferably 2 separate lines on opposite arms
4. **STAT Laboratories:**
 - a. CBC & platelet count
 - b. PT, PTT, INR
 - c. Serum electrolytes, BUN, creatinine, glucose
 - d. Markers of cardiac ischemia
 - e. Glucose finger stick

****Because time is critical, the only lab result required in all patients before thrombolytic therapy is initiated is a glucose. Do NOT wait for PT, aPTT, or platelet count unless a bleeding abnormality or thrombocytopenia is suspected.***

5. **Perform and document NIHSS exam and score**
6. **Document RACE score if available**
7. **Obtain 12-Lead ECG (do not delay administration of thrombolytic therapy if eligible)**
8. **Obtain O2 Saturation**
9. **Blood Pressure monitoring q 15 minutes**
10. **Place on Cardiac Monitor**
11. **Elevate Head of Bed 30 degrees.**

Based on CT Radiology Report:

- **If NO evidence of intracerebral hemorrhage proceed with evaluation and administration of Alteplase (tPA) guidelines**
- **If evidence of intracerebral hemorrhage proceed to acute intracerebral hemorrhagic stroke guidelines**

References:

Powers, William J. , et al (2019) Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke. *Stroke*, 50, doi:10.1161/STR.000000000000002

