

Ischemic Stroke Checklist

EMS Call Mentions the Word or Context of Stroke

- Call 41911 and activate the stroke team
- Bring registration to the resuscitation room and have them await the patient with portable computer. Brief them on the need for immediate registration
- Print out Stroke Packet (includes consent, TPA contraindication list, nicardipine and alteplase drip sheets, stroke consult sheet)
- ***Verify that alteplase and nicardipine is available in the resus room

Arrival of Patient

- Perform Fingerstick
- Get initial set of vitals, do not place pt on ED monitor, place pt on transport monitor
- Verify the patient has some neurodeficit
- Verify the onset time is <4.5 hours
- Start two 20-g IVs (only experienced staff should attempt these IVs)
- Draw labs-Chemistry, Cardiac Enzymes, PT/PTT, extra blue-top tube, CBC, T+S
- Have a staff member bring the blood up to the clerk and witness the CBC and PT/PTT being placed in the chute in front of you
- Call hematology and tell them the patient's MRN
- Order CT scan
- Place nameband on the patient
- If the patient's SBP is >180, start nicardipine drip at 5 mg/hour
- As soon as the above is completed, immediately proceed to CT scan, do not wait for neurology, do not wait for a full exam, do not get further history—**PROCEED TO CT**
- Neurology resident will take patient to CT, if patient is unstable; ED resident should accompany as well

While the Patient is at CT

- Call or discuss with family/witnesses the exact time of onset and how this was established. Start screening for contraindications.

When Patient returns from CT

- If neurology still feels patient is a candidate, screen for indication/contraindications
- Neurology should get consent and call stroke attending
- Bring BP down to <180/110 with nicardipine
- Mix alteplase
- Administer alteplase