

# Emergency Department Stroke Practice Guideline/Orders

DATE: _____	DATE/TIME SYMPTOM ONSET: _____ / _____ : _____	TRIAGE TIME: _____ : _____
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**Triage Nurse/Charge Nurse:**

**If acute onset weakness or loss of ability to speak for less than 2 hours**

- Activate Brain Attack Team (CODE 222) Time called \_\_\_\_\_ : \_\_\_\_\_
- Notify ED physician Neurologist and Senior ICU resident about potential tPA candidate.
- Obtain non-contrast CT scan of brain. Time to CT scan \_\_\_\_\_ : \_\_\_\_\_ , Time scan complete \_\_\_\_\_ : \_\_\_\_\_ Time results to MD \_\_\_\_\_ : \_\_\_\_\_
- Stat Accucheck and pulse oximetry
- Oxygen: Nasal cannula \_\_\_\_\_ l/min Non re-breather mask \_\_\_\_\_ %
- Stat labs: CBC w/ plts; CPP; CMP; PT/PTT/INR; tox. screen; fibrinogen level; type and cross-match; Ethanol, lipid profile
- Cardiac monitor
- EKG-12 lead
- Portable CXR
- Insert 2 IV heparin locks
- NPO until Dysphagia Screening completed

**RN Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Physician Assessment:**

- Date/time of symptom onset: \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_
- # Hours since symptom onset: \_\_\_\_\_ (If more than 2 hrs and less than 5 hrs, consider transfer for intra-arterial tPA. - Orders below)
- Notify Neurologist on call \_\_\_\_\_
  - Associate symptoms (check all that apply):  Syncope  Seizure  Palpitations  Chest pain  Fall
    - Headache  Neck stiffness  Change in mental status
  - Past Medical History  DM  MI  HTN  Neurosurgery  CNS bleed  Recent surgery  GI bleed  Bleeding disorder
  - Current Medications  Warfarin or Heparin  Low Molecular Weight Heparin
- Others: \_\_\_\_\_

**LOW DOSE HEPARIN INFUSION FOR STROKES**

Patient Weight: \_\_\_\_\_ Kg  
 PTT, CBC now  
 STAT PTT every 6 hours until 2 consecutive therapeutic results are obtained.  
 CBC every day while on heparin infusion  
 Goal Range PPT 45-60 seconds  
**No Initial bolus**  
 IV Heparin Infusion initial rate: 12 units/Kg/hr = \_\_\_\_\_ units/hr  
 (12X patient wt in Kg)  
 (max 1,000 units hr round to the nearest 100 units)  
 Heparin concentration 25,000 units in 250 ml (100 units/ml) (divide rate in units/hr by 100 to get ml/hr)  
 Adjust infusion rate based on the scale below

PTT (sec)	Bolus Dose	Hold Infusion Time (min)	Rate Change (round to the nearest 100 units)	Repeat PTT
Less than 35	40 units/kg	0	+ 3 units/Kg/hr	6 hours
35-44	0	0	+2 units/Kg/hr	6 hours
45-60	0	0	No change	Next AM
61-90	0	0	- 2 units/Kg/hr	6 hours
Greater than 90	0	60	- 4 units/Kg/hr	6 hours

Obtain a PTT 6 hours after any dosage change, adjust heparin infusion according to sliding scale until PTT is therapeutic (45-60 seconds). When 2 consecutive PT's are therapeutic obtain a PTT (and readjust heparin if needed) every 24 hours.

**Alteplase (tPA, Activase) Candidate:**  Yes  No

**IF No:** Transfer to 3A, or other: \_\_\_\_\_ Dr. \_\_\_\_\_ service

Risks and benefits discussed with patient and/ or family and documented in chart. Informed consent obtained/permit signed.

**Alteplase (tPA, Activase) Orders:**

0.9 milligrams/kilogram x \_\_\_\_\_ weight in kilograms or a maximum of 90 milligrams IV. Total dose is \_\_\_\_\_  
 10% bolus given over 1 minute IV ( \_\_\_\_\_ mg) Give remaining 90% as constant infusion over 60 minutes IV.

Admit to Critical care – neurology service, Dr. \_\_\_\_\_ room \_\_\_\_\_

**If Onset More than 2 hrs and less than 5 hours; consider transfer for Intra-arterial tPA**

Transfer to \_\_\_\_\_ for intra-arterial tPA

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_



ST. VINCENT CHARITY  
MEDICAL CENTER

2351 EAST 22ND STREET  
CLEVELAND, OH 44115  
stvincentcharity.com

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PATIENT LABEL



**MR.EDORDERS**

SVPOD-170 (6/09)

# NATIONAL INSTITUTE OF HEALTH STROKE SCALE

Assessment	Function	Score range	Baseline	1 hour	2 hour	24 hrs	48 hrs
1a. LOC	Alert	0					
	Drowsy	1					
	Stuporous	2					
	Coma	3					
1b. LOC question: (month, age)	Answers both correctly	0					
	Answers one correctly	1					
	Both incorrect	2					
(open/close eyes, make fist, let go)	Obeys both	0					
	Obeys one	1					
	Both incorrect	2					
2. Best gaze eyes open-pt follows examiners finger	Normal	0					
	Partial gaze palsy	1					
	Forced deviation	2					
3. Best visual (introduce visual stimulus)	No visual loss	0					
	partial hemianopia	1					
	Complete hemianopia	2					
	Bilateral hemianopia	3					
4. Facial Palsy (show teeth, raise eyebrows)	Normal	0					
	Minor	1					
	Partial	2					
	Complete	3					
5a. Best Motor Left side arm (elevate extremity 90 degrees score drift)	No drift	0					
	Drift	1					
	Some effort against gravity	2					
	Can't resist gravity	3					
	No movement	4					
5b. Best Motor Right side (elevate extremity 90 degrees score drift)	No drift	0					
	Drift	1					
	Some effort against gravity	2					
	Can't resist gravity	3					
	No movement	4					
6a. Best Motor Left leg (elevate extremity 30 degrees score drift)	No drift	0					
	Drift	1					
	Some effort against gravity	2					
	Can't resist gravity	3					
	No movement	4					
6b. Best Motor Right leg (elevate extremity 30 degrees score drift)	No drift	0					
	Drift	1					
	Some effort against gravity	2					
	Can't resist gravity	3					
	No movement	4					
7. Limb ataxia (Finger-nose, heel down shin)	Absent	0					
	Present in upper or lower	1					
	Present in both	2					
8. Sensory (pin prick to face, arm, trunk, leg- compare sides)	Normal	0					
	Partial loss	1					
	Dense loss	2					
9. Best language (name items, describe picture, read sentences)	No aphasia	0					
	Mild-mod aphasia	1					
	Severe aphasia	2					
	Mute	3					
10. Dysarthria (Elevate speech clarity of repeated words)	Normal Articulation	0					
	Mild-mod slurring	1					
	Severe near unintelligible words	2					
11. Extinction / Inattention (use information from prior testing to identify neglect or double simultaneous stimuli testing)	No neglect	0					
	Partial neglect	1					
	Profound neglect	2					
<b>SCORE TOTAL</b>							



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