Ischemic Stroke < 4.5
tPA Candidates with NO IMPROVEMENT S/P TPA

S/S of Stroke
- B-Balance
- E-Eye/Visual
- F-Facial droop
- A-Arm Drift
- S-Slurred Speech
- T-LKWT
- G-Glucose

Activate a Code Stroke
Dial 911 s/s < 16 hours

Notify
MD, Beds, Charge

MD Eval. (Goal < 10 min)

Initiate ED Stroke Orders

*STAT Hyperacute CT, IV x 2, CBC, CMP
POC INR/Trop, EKG & CXR, NIHSS

Consider Hyper Acute CTA head/Neck for NIHSS > 6 and/or cortical signs: Isolated aphasia, gaze deviation, hemi neglect

*Consider transport early for possible LVO

Review Diagnostic Imaging (Goal < 35 min)

Ischemic Stroke

Review Inclusion/Exclusion

Contact neurology Stat for IV tPA Candidates

MD Order TeleStroke Consult for Nights and weekends
Mon-Fri 1700-0800 Weekends 24 hrs.

tPA Ordered by Provider if Indicated

Complete Time Out
Ensure NIHSS complete prior to infusion

Start tPA Infusion
Goal < 45 min

Nursing Documentation tPA
Neuro-Checks & Vital Signs
Q 15 min x 2 hrs
Q 30 min X 6 hrs
Q 1 hr X 16 hrs
Baseline NIHSS, 15 min, 2 hr.
& 8 hr. s/p tPA infusion

Limited or NO Improvement

If not already Completed-Consider CTA Head/Neck for NIHSS > 6 and/or cortical signs: Isolated aphasia, gaze deviation, hemi neglect

+ Lg. Vessel Occlusion
(MCA M1 & M2, ACA A1, PCA P1. ICA, Basilar)

Contact HLC for Transfer
(see transfer process)

Transfer Code 3 via ACLS/Critical Care

Target Stroke 2.0 Times
MD Eval ≤10 min
CT/Labs completion ≤ 20 min
CT/Lab Results ≤ 35 min
Door to tPA ≤ 45 min