

Acute Stroke Evaluation and Treatment

(updated May 2010)

UW Medicine Comprehensive Stroke Center / UWMC ER

ED Staff Key Elements

ED Attending Action Sequence:

1. Activate **CODE STROKE**: → Dial '222' on any phone, tell them you have a CODE STROKE in ED
 - Activates Stroke Attending (744.6789), Neurology Consult, Pharmacy, & QI
2. Submit radiology requisition as "CT/CTA acute stroke"
3. Call lead CT tech (x8-2047) to:
 - Clear a CT scanner
 - Get radiologist for live on-the-table wet-read
4. After CT → call Transfer Center (744-0962) to arrange transport to HMC

First 15 minutes in ER

- STAT blood draw: I-Stat Chem8, BMP, CBC, Coags, Blood Bank Sample
- Finger stick blood glucose check
- Short Hx and PE: document time of onset, and quantify deficits with **GCS and NIHSS** (Neurology or ED)
- Place 2 large bore peripheral IVs
- Do NOT insert Foley catheter (if possible)
- 12-Lead EKG
- Weigh or estimate weight of patient
- TO STAT HEAD CT (non-contrast and CTA)
- **Fill out UWMC Door to Tx QI flowsheet**

Online with links at www.stroke.washington.edu

CODE STROKE :

- Persistent / fluctuating stroke symptoms ≤ 6 hrs, or
- Posterior stroke symptoms ≤ 12 hrs

Intraparenchymal Hemorrhage (IPH)

- NPO
- BP Control (SBP goal ~160 mmHg)*
- Review [Guidelines for Reversing Coagulopathies](#)
- Tx to HMC via ALS (call Transfer Center)

Subarachnoid Hemorrhage (SAH)

- NPO
- BP Control (SBP Goal < 120 mmHg)*
- Review [Guidelines for Reversing Coagulopathies](#)
- Tx to HMC via ALS (call Transfer Center)
- Alert HMC Neurosurgery to incoming SAH

IV tPA candidate (15 minutes to Rx)

- Call Pharmacy (x8-5058) to obtain tPA
 - Give [IV tPA information form](#) to patient/family to review, verbal consent if possible
 - Review [inclusion/exclusion criteria](#)
 - Call STROKE PHONE (744-6789)
 - If patient qualifies
 - sign [IV tPA orders](#) and give drug
 - BP Control (BP < 180/105)*
 - Tx to HMC via ALS (call Transfer Center)
- Large artery occlusion on CTA?**

Interventional Rx Candidate

- NPO
- Stroke Phone will alert HMC Neuro-Interventional team, Anesthesia
- Tx to HMC via ALS (call Transfer Center)

Radiology/ED/Neurology in CT Scanner reviewing images...
Blood on Head CT? (determined by 30 min from arrival)
 YES Blood: (IPH/SAH) CTA Head only
 NO Blood (Ischemic): CTA Neck (aortic arch thru circle of Willis)

Yes Blood → IPH
 SAH

No Blood ↓

Symptom onset < 4hrs, 15 min ago?

Yes →

No ↓

Symptom onset < 6hrs ago or initial unknown onset?

Yes →

No ↓

AMR BLS transport to HMC (call Transfer Center)

*see UWMC ED - BP control recommendations for Acute Stroke