VJH IN-HOSPTIAL STROKE ALGORITHM

Glucose >4.0 —NO→ Follow IH Regional Hypoglycemia Protocol (NPO) (#829518)
Notify MRP STAT

YES ↓

FAST Screen →

FACE	ARM	SPEECH	TIME/INCLUSION CRITERIA
☐ Right Droop	☐ Right Weak	☐ Slurred	☐ Thrombolysis: Less than 4.5 HRS from LSN*/woke-up
☐ Left Droop	☐ Left Weak	☐ Normal	☐ Endovascular Thrombectomy (EVT): ideally less than 6H from LSN or woke-up
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☐ Normal	☐ Normal		Extended Window for EVT: LSN/woke-up within past 24 HRS
			Outside Window for EVT: LSN/woke-up greater than 24 HRS

and

VAN Screen →

VISION	APHASIA	NEGLECT
☐ Right Gaze	☐ Naming difficulties	☐ Ignoring left body
☐ Left Gaze	------------------	------------------
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☐ Normal		

* LSN = time patient Last Seen Normal

FAST or VAN POSITIVE? —NOTIFY→ Most responsible RN (MRN) to state "HOT STROKE" & FAST VAN status on notification to:
- Most responsible provider (MRP)
- CCOT '54444'

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1. MRN/CCOT RN obtain MRP order for Acute HOT STROKE diagnostics order set (#829278)
   (MEDITECH STAT HEAD/HOT/STROKE/C+)

2. CCOT RN to Notify CT Technician:
   Days/Evenings (06:30-24:00): CCOT Vocera "CT TECH" and notify of HOT STROKE
   Nights (00:00 – 06:30): CCOT calls switchboard of need to call "CT TECH" on-call for HOT STROKE

3. MRN/CCOT RN accompany to STAT CT Head → Goal time to CT: Less than 15 minutes.
   Ensure IV access for CT contrast bolus (20g IV)
   DO NOT delay CT imaging for labs, creatinine results, or ECG

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Post CT-imaging:
- MRN notifies MRP scan completed
- MRP reviews scan with KGH Neurologist on-call and establishs plan of care
- MRN or CCOT RN to inform shift coordinator of plan of care

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Patient eligible for intervention? Thrombolytic &/or EVT

←NO— MRP establishes plan of care
If medically stable, return to ward

YES ↓

NUA or ward staff process orders as appropriate:
- ☐ Stroke TIA Admission #829443
- ☐ Thrombolysis for Stroke #829275

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Thrombolytic ONLY (no EVT)
- Transfer patient to critical care area
- Post-thrombolysis, transfer to appropriate ward bed as per neurology/IM discretion
- 24H post-lysis: repeat CT head & ensure cleared <u>prior</u> to giving any antithrombotics (r/o ICH)

Thrombolytic and EVT
- MRP & neurologist on-call coordinate plan of care and patient transport
- Administer thrombolytic, then prepare for transport. Goal time to thrombolysis: within 30 min
- Prepare for transport to KGH using EVT sending site checklist (#855056)
- Critical care RN/advanced crew only for critically unstable; BLS crew appropriate for most

EVT ONLY (no thrombolytic)
- Prepare for transport to KGH using EVT sending site checklist (#855056)
- Critical care RN/advanced crew only for critically unstable; basic crew appropriate for most

S&S of post-thrombolysis orolingual angioedema &/or ICH →

NOTIFY MRP IMMEDIATELY:

MRP to initiate Emergency Mgmnt of complications post-thrombolysis order set (#829593)