

NINDS Time Goals ED Arrival 10 MIN ED Arrival 25 MIN ED Arrival 45 MIN **ED Arrival** 60 MIN **ED Arrival 3 HOURS** > BP per protocol > For neurologic deterioration Emergent admission to stroke

Activate Emergency Response (EMS) Identify signs and symptoms of possible stroke

CRITICAL EMS ASSESSMENTS AND ACTIONS

- SUPPORT ABC'S Give oxygen if needed
- PREHOSPITAL STROKE ASSESSMENT
- ESTABLISH TIME OF SYMPTOM ONSET When they were last normal
- TRIAGE TO STROKE CENTER
- **ALERT HOSPITAL** Consider direct transfer to CT scan
 - CHECK GLUCOSE IF POSSIBLE

IMMEDIATE GENERAL ASSESSMENT AND **STABILIZATION**

- ASSESS ABC'S, VITAL SIGNS
- PROVIDE OXYGEN IF HYPOXEMIC
- IV ACCESS AND LAB ASSESSMENTS
- CHECK GLUCOSE: TREAT IF INDICATED
- NEUROLIGIC SCREENING ASSESSMENT
- ACTIVATE STROKE TEAM
- ORDER EMERGENT CT SCAN OR MRI OF BRAIN
- OBTAIN 12-LEAD ECG

IMMEDIATE NEUROLOGIC ASSESSMENT BY STROKE **TEAM OR DESIGNEE**

- **REVIEW PATIENT HISTORY**
- ESTABLISH TIME OF SYMPTOM ONSET OR LAST KNOWN NORMAL
- PERFORM NEUROLOGIC EXAMINATION NIH Stroke Scale or Canadian Neurological Scale

No Hemorrhage Hemorrhage Hemorrhage shown by CT Scan? Probable acute ischemic stroke Consider fibrinolytic therapy Is patient a candidate for fibrinolytic therapy? Check for fibrinolytic exclusions and repeat neurologic exam Yes No ASK: Are deficits rapidly improving to normal? Initiate Intracranial hemorrhage protocol Review risks and benefits with Consultation patient and family Consult neurologist or neurosurgeon and If acceptable: consider transfer if not available > If acceptable: Give rtPA Not anticoagulants or antiplatelet treatment for 24 hours Begin stroke or hemorrhage pathway Admit to stroke or intensive care unit Begin post-rtPA stroke pathway **Aggressively Monitor:**



unit or intensive care unit