

Adult Suspected Stroke

1
Identify signs and symptoms of possible stroke
Activate Emergency Response

2
Critical EMS assessments and actions

- Support ABCs; give oxygen if needed
- Perform prehospital stroke assessment (Table 1)
- Establish time of symptom onset (last normal)
- Triage to stroke center
- Alert hospital
- Check glucose if possible

3
Immediate general assessment and stabilization

- Assess ABCs, vital signs
- Provide oxygen if hypoxic
- Obtain IV access and perform laboratory assessments
- Check glucose; treat if indicated
- Perform neurologic screening assessment
- Activate stroke team
- Order emergent CT scan or MRI of brain
- Obtain 12-lead ECG

4
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)

5
Does CT scan show hemorrhage?

No Hemorrhage

Hemorrhage

6
Probable acute ischemic stroke; consider fibrinolytic therapy

- Check for fibrinolytic exclusions (Tables 4 and 5)
- Repeat neurologic exam: are deficits rapidly improving to normal?

7
Consult neurologist or neurosurgeon; consider transfer if not available

8
Patient remains candidate for fibrinolytic therapy?

Not a Candidate

9
Administer aspirin

10
Review risks/benefits with patient and family. If acceptable:

- Give rtPA
- No anticoagulants or antiplatelet treatment for 24 hours

11
Begin stroke or hemorrhage pathway
Admit to stroke unit or intensive care unit

12
Begin post-rtPA stroke pathway

- Aggressively monitor:
 - BP per protocol (Tables 2 and 3)
 - For neurologic deterioration
- Emergent admission to stroke unit or intensive care unit

NINDS
TIME
GOALS

