Emergency Department Guideline
Stroke Code

Acute Focal Neurological Deficit Within 24 Hours

**Call 8-8-8 to Activate ED Stroke Code Alerts Pediatric Neurologist (893-0161)** to Call ED & Alerts Adult Stroke Code Attending & Alerts Radiologist 893-8982 & CT Tech

**Radiologist Contacts MRI Tech if MRI Indicated**

**ED Physician to Order:** Glucose (iSTAT)
IV Access
STAT NON-Contrast Head CT (Then MRI as needed) Clinical Assessment
Labs: Chem7, CBC, INR, PTT
Troponin & HCG (as applicable)

Cerebral Hemorrhage on Imaging

Consult Pediatric Neurosurgery 893-0188

Admit to PICU

No Cerebral Hemorrhage Noted on Imaging

If Clinical Scenario Suggestive of Stroke Additional Testing Determined Pediatric Neurologist to Contact Adult Vascular Neurologist pager 893-0626

Adult Vascular Physician Consulted if Candidate for IV tPA or Endovascular Intervention.

Adult Neuro - Endovascular Consult Pager 893-0106

Admit to PICU

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This UMMCH Guideline addresses only key points of care for the specific population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Guideline does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care presenting selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure or course of action.

Stroke Code
February 2013
Division of Pediatric Emergency Medicine
**SIGNS & SYMPTOMS OF ACUTE STROKE SYNDROMES:**

**INDICATIONS TO ACTIVATE STROKE PROTOCOL (From CHOP Stroke Care Pathways)**

### Acute Arterial Ischemic Stroke (AIS) or TIA
- Hemiparesis: Weakness of face, arm or leg; facial droop, decreased use of one side of body
- Aphasia: Stopped speaking, talking nonsense, can't understand (Sometimes mistaken for confusion or oppositional behavior)
- Visual field cut: Loss of vision, blurry vision, can't see right
- Ataxia: Unsteady gait, can't sit steady, uncoordinated reach/grasp, often with HA, vomiting, altered MS
- Dysarthria: Speech is slurred, though word choice & comprehension are correct
- Hemi-sensory loss: Numbness, tingling on one side of body, usually more than one body region (face+arm, or face+arm+leg)
- New-onset focal seizures with atypical prolonged (>2 hr) post-ictal paralysis

### Acute Cerebral Sinovenous Thrombosis (CSVT)
- In children, triad of unremitting & escalating headache, repeated vomiting and decreased mental status
- Frequently has 6th nerve palsy & papilledema
- In newborns or infants, lethargy & seizures

### Spontaneous Intracranial Hemorrhage (ICH)
- Hyperacute severe headache, often with vomiting ("worst headache of my life") in pt without prior h/o similar chronic HA
- HA as above followed by sudden sustained loss of consciousness
- One or both of above with new focal deficit
- Above associated with meningismus suggests subarachnoid hemorrhage (SAH)

### Possible Stroke Code SBAR:
1. Situation: Neuro change and time discovered.
2. Background: Medical hx and medications.
3. Assessment: Glucose (POC) results. Last time patient at baseline.
4. Recommendation: Activate Pediatric Stroke Code

### Nursing Initial Cares of Possible Stroke Patient
1. Monitor ABCs
2. Remain with patient
3. Complete vital and neuro assessment
4. Check glucose (POC)
5. If O2 Sat<95%, provide oxygen
6. NPO determine last time oral intake (in case need sedation for imaging)