



Possible IV – rt-PA (Activase) Candidate (Inside 3-hour window or <180 minutes from symptom onset)

1. **TIME IS BRAIN, EVERY MINUTE COUNTS**
2. Establish the time of onset of symptoms (when was the patient last seen normal?)
3. Complete NIH Stroke Scale
4. Start 2 IV's (18 gauge if possible) lines: one with NS, and one saline flush/heplock
5. Send blood for CBC, platelets, lytes, coags
6. Check blood glucose: one touch
7. Send patient for Head CT (Non-Contrast, R/O early infarct or bleed)
8. Order CXR and EKG (not essential in order to treat)
9. Review the rt-PA inclusion/exclusion criteria
10. Obtain results of CT scan, Labs and repeat NIH stroke assessment
11. Decision to treat with rt-PA
 - Discuss treatment with the patient
 - Order rt-PA as soon as decision is made (Approx 7 minutes to mix the rt-PA)

Supportive Care for All Stroke Patients

1. Keep NPO until Dysphagia Screen is completed. (except for ASA 325 mg po.)
2. Aspirin 325 mg. PR
3. Keep temperature < 37.5
4. Supply O2 to SaO2 > 95%
5. Normalize glucose level to < 120 (use insulin as needed)
6. Monitor glucose Q4 once normalized
7. Cardiac monitor in first 24 hours of stroke
8. Treat BP only if systolic > 220 or diastolic > 120 or as needed for acute coronary syndrome, aortic dissection, or acute renal failure
9. Prevent hypotension (treat as appropriate for BP 20mm Hg below usual or N:BP level or systolic < 120)
10. Maintain hydration with NS
11. Do not use D5 containing solutions
12. Elevate HOB to 30 degrees
13. Evaluate/treat for other associated conditions (CHF, ACS, dehydration, infection, etc.)

Adapted from: Diagnosis and Initial Treatment of Ischemic Stroke. *Institute for Clinical Systems Improvement*, February 2005.