**SUSPECTED STROKE ALGORITHM**

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

**CRITICAL EMS ASSESSMENTS AND ACTIONS**
1. SUPPORT ABC's
   - Give oxygen if needed
2. PREHOSPITAL STROKE ASSESSMENT
3. ESTABLISH TIME OF SYMPTOM ONSET
   - When they were last normal
4. TRIAGE TO STROKE CENTER
5. ALERT HOSPITAL
   - Consider direct transfer to CT scan
6. 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
- NEUROLOGIC 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

**Probable acute ischemic stroke**
- Consider fibrinolytic therapy
- Check for fibrinolytic exclusions and repeat neurologic exam
- ASK: Are deficits rapidly improving to normal?

**Review risks and benefits with patient and family**
- If acceptable
  - Give rtPA
  - Not anticoagulants or antiplatelet treatment for 24 hours

**Begin post-rtPA stroke pathway**
- Aggressively monitor:
  - BP per protocol
  - For neurologic deterioration
  - Emergent admission to stroke unit or intensive care unit

**Is patient a candidate for fibrinolytic therapy?**
- YES
  - Administer Aspirin
- NO
  - Consultation
    - Consult neurologist or neurosurgeon and consider transfer if not available

**Hemorrhage shown by CT Scan?**
- No Hemorrhage
- Hemorrhage

**NINDS Time Goals**
- ED Arrival
  - 10 min
- ED Arrival
  - 25 min
- ED Arrival
  - 45 min
- ED Arrival
  - 60 min
- ED Arrival
  - 3 hours

This Algorithm is based on the latest (2015) American Heart Association standards and guidelines.

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