STROKE ALERT ORDERS - EMERGENCY DEPARTMENT
(Initiate on patients who meet criteria for stroke activation)

Provider to check appropriate boxes and cross out pre-checked order if not desired.
These orders are not implemented until signed by provider.

BEFORE CT:
- ☒ Blood Glucose Point of Care STAT, notify for glucose < 60 mg/dL or > 180 mg/dL
- ☒ BEFAST Stroke identification assessment: Notify provider if positive
- ☒ Large Vessel Occlusion Screen (LAMS or VAN): Notify provider if positive
- ☒ Vital Signs: every 15 minutes until treatment decision is made
- ☒ Notify provider for BP greater than 185/110 or systolic less than 100mmHg
- ☒ O2 to keep SpO2 >94%-98% or as ordered: ______
- ☒ Assure 2 patent large bore peripheral IVs

AFTER CT:
- ☒ Obtain weight
- ☒ Nursing swallow screen for dysphagia prior to any oral intake
- ☒ Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)
- ☒ Cardiac monitoring, continuous
- ☒ Full NIHSS (before thrombolytic [Alteplase or Tenecteplase] or transfer)
- ☒ Neuro checks: every 15 minutes until treatment decision is made

LABORATORY (STAT): Only blood glucose results are needed prior to thrombolytic administration.
- ☒ CBC
- ☒ CMP
- ☒ PT/INR
- ☒ PTT
- ☒ Troponin
- ☐ HCG Qualitative Serum for women less than 55 years of age
- ☐ Other: ____

DIAGNOSTIC:
- ☒ Non-contrast head CT (goal is done within 20 minutes of arrival and read within 45 minutes of arrival)
- ☐ CTA head and neck (if available- consider for positive Large Vessel Occlusion Screen)
- ☒ **12** Lead EKG after CT

OTHER:
- ☐ ____

NOTE: Only marked orders will be initiated. Provider must cross-out pre-checked orders if not desired.

Verbal order from __________________________________ (Provider) Nursing signature: ____ Date: __________________ Time: __________________ Provider signature: ____ Date: __________________ Time: __________________	**Patient Identification**

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