

Emergency Department Stroke Protocol

Medical Directive

GOAL: Door-to-lysis 60 minutes

Review allergies and alerts. Cross out non-applicable orders.					
Date: (dd/mm/yyyy)		Time: (hh:mm)	Most Responsible Physician (MRP):	Other Physicians Involved:
1.	Arrange for monitored bed in Zone 1 bed 2 or 3 – patient to come to this bed after CT unless is a walk-in patient.				
2.	Unit Clerk to set up TANDBERG for Telestroke. Unit Clerk to call Criticall and request Provincial Telestroke Neurologist once patient has been deemed a stroke protocol at triage by ED Physician.				
3.	Prior to CT scan: STAT Capillary blood glucose (if not already completed by EMS) STAT blood work: CALL LAB ext. 4877 for STAT Stroke Alert Protocol blood work				
	Use order set /ERSTROKE: CBC, glucose, urea, creatinine, electrolytes, INR, PTT, serum HCG if female is less than 50 years of age. GOAL: INR completed within 20 minutes of draw				
4.	Complete vital signs (temperature, pulse, respirations, blood pressure, SpO ₂) and Neurological vital signs using the Canadian Neurological Scale on arrival and every 15 minutes until CT scan is complete.				
5.	STAT CT scan (Code Stroke Nurse to accompany): Non-contrast CT head GOAL: Completed within 25 minutes of assessment				
6.	12 lead Electrocardiogram				
7.	Oxygen at 2-4 L/minute by nasal cannula if SpO ₂ less than 92%				
8.	NPO until swallowing screen, using the STAND Tool, complete. Complete prior to administration of any oral medications, oral fluids or food.				
9.	2 peripheral IV sites IV fluids: Normal saline at 50 mL/hr				
10.	Accurate patient weight Measured: kg				
11.	Record time of stroke onset (last time patient seen without stroke symptoms) Date: Time: (dd/mm/yyyy) (hh:mm)				
12.	No heparin, warfarin, acetylsalicylic acid (ASA), ticlopidine or clopidogrel or other antiplatelet or anticoagulant drugs or non-steroidal anti-inflammatory agents (NSAIDS) for 24 hours.				
Initiated by:					
	Signature and	Designation	Initials	(dd/mm/yy	yy) (hh:mm)