**ACUTE STROKE**

Immediate assessment - Stroke scales / scores

**Assess and maintain CAB’s**
- Administer O₂ only if needed
- Assess vitals
- Apply monitors (EKG, Pulse Ox, B/P)
- Review history /Physical exam
- Establish IV access

Conservative IV sticks and blood draws. Blood sugar/Rule out other non-stroke causes

**Establish onset Time Rapid**
- Noncontrast CT

No ---- CT positive for stroke? (hemorrhagic) ---- Yes

↓

Repeat Neuro Exam:
- Symptoms improving? No to all of the above

↓

- Consider Fibrinolytics if <3 hours since onset of symptoms
- Since 2010 this has been extended to 4.5 hours for certain patients
- Consider Interventional Facility (Comprehensive Stroke Center)

Tips for successfully managing this case:

- Don’t forget:
  - Administer O₂ if hypoxic
  - Establish IV access
  - Assess for subtle signs of stroke
  - Determine time of onset
  - Rule out non-stroke causes of deficits
  - Alert receiving facility of stroke alert if pre-hospital
  - Reassess neurologic status frequently
  - Request urgent non-contrast CT Alert stroke team