

CARE GUIDELINES FOR ISCHEMIC STROKE PATIENTS THAT HAVE RECEIVED IV OR IA TPA
THIS IS A CHECKLIST TO GUIDE PROVIDERS IN PLACING THE CORRECT ORDERS.
ORDERS MUST STILL BE ENTERED USING THE ORDER SET IN EPIC

Use this Order set: Ischemic Stroke Admission Post IV tPA (also use for post IA tPA/IR patients)

- Vital Signs: Q15 minutes x 8 (2 hours)
 Q30 minutes x 12 (6 hours)
 Q 1 hour x 16 or until patient is transferred out of GICU
- Neuro Assessments: Q15 minutes x 8 (2 hours)
 Q30 minutes x 12 (6 hours)
 Q 1 hour x 16 or until patient is transferred out of GICU
- Bedrest x 24 hours. Activity orders due to be advanced at: _____.
- NPO until Dysphagia Screen completed:
 - Patient fails Dysphagia Screen: make the patient NPO, order SLP consult for Dysphagia.
 - Patient passes Dysphagia Screen: order appropriate diet.
- Order Neurology/PT/OT/SLP/Nutrition consults. *Consider consult to Neurointensivist.
- Labs: Electrolytes, Magnesium, Phosphorous, PT/INR/PTT.
- Lipid panel and Hemoglobin A1C must be completed within 48 hours of hospital arrival.
- MRI of the brain and MRA of the head and neck without contrast.
- 12 Lead EKG and Chest x-ray if not completed in the ED.
- Echocardiogram Bowel Protocol
- 24 hour non-contrast head CT to rule out hemorrhage post-tPA (or sooner for any neurological deterioration). 24 hour follow-up head CT due at _____.
- Other diagnostic testing as appropriate to identify the cause of stroke (neurology will make recommendations).
- Medications:
 - a. Avoid narcotic pain medications and other sedating medications if possible.
 - b. No anticoagulant or antiplatelet medications x 24 hours post tPA administration and follow-up non-contrast head CT is negative for hemorrhage (this includes SQ or IV heparin, Lovenox, ASA, Plavix, etc). When cleared to start antithrombotic medication, consider rectal ASA for patients who are NPO and who do not have an NGT.
 - c. Hold oral anticoagulants for patients with AFib/Flutter until cleared by neurology to restart.
 - d. Statins: Patients with an LDL>100 should have statin therapy initiated and be discharged on a statin. If statin therapy is contraindicated, document the specific reason why. *Only statins count for the core measure.
 - e. ICU Glycemic Protocol
 - f. ICU Electrolyte Protocols: Potassium, Magnesium, Phosphate
- Blood pressure management:
 - a. Acute phase of stroke: home BP meds are typically held, with the exception of medications for rate control.
 - b. IV Hydralazine or IV Labetolol prn to maintain BP <180/100 x 24 hours post tPA.
 - c. Defer to neurology for questions re: BP control and restarting oral BP medications.
- Monitor for bleeding. Hold insertion of NGT, indwelling urinary catheter, IV's, etc. 24 hours.

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Core measures:

- Anticoagulation must be addressed for patients with any history of AFib/Flutter (including post-ablation and paroxysmal). *If anticoagulation is contraindicated the documentation must specifically state why.
- NIHSS completed within 48 hours of hospital admission, daily, and at discharge.
- mRS (Modified Rankin Scale) at discharge.
- Once cleared to start antiplatelet therapy, consider rectal ASA for patients who are NPO and who do not have an NGT.
- Ischemic stroke patients should have a follow-up appointment in the WBH stroke clinic, typically with Dr. Hefzy, within 1-2 weeks of discharge. This should be scheduled before they are discharged. The neurology MLP's have been scheduling this, however, in the event that they do not, here is the process:
 - Weekdays: email Maureen Foley (Dr. Hefzy's secretary) with the patient's name and MRN. She will schedule the appointment and put it in EPIC. Please let the patient know when their follow-up appointment is and include it on their AVS.
 - Weekends: email Maureen with the patient's name and MRN. Maureen will contact the patient with the date/time when she makes the appointment.
- Patients admitted to the ICU for stroke who are ready to be transferred out of the unit should be admitted to the Acute Stroke Unit under Stepdown status.