

# RRT Stroke Alert Response

Easy step-by-step instructions for Stroke Alert Process

Timing is Everything



Door-to-Needle ≤ 60 minutes

- Suspected stroke
- ≤ 15 minutes stroke alert called
- ≤ 25 minutes CT scan initiated
- ≤ 45 minutes CT and labs interpreted
- ≤ 60 minutes tPA given (if patient appropriate)

## Stroke Respond Must Haves:

- Vitals (BP, HR, RR, SpO2)
- Blood sugar (> or = to 50mg/dl)
- NIHSS (see reverse side)
- EKG rhythm (12 lead not needed)
- Stroke labs (conv-rapid response/code)
- 20g or larger antecubital IV site
- CT ordered (conv-rapid response/code)
- CTA/CTP order placed if NIH is ≥ 6 (or otherwise indicated by assessment)

Patient taken to CT/CTA

Testing interpreted

Activate Call Center  
1-844-880-3500

tPA candidate begin infusion  
≤ 60 minutes from onset

## Documentation Requirements

- Alert Start Time
- tPA order received
- tPA time infused

See reverse side for NIHSS Assessment

## tPA Activase (Alteplase) Contraindications

- Current Intracranial Hemorrhage
- Subarachnoid hemorrhage
- Active internal bleeding (e.g., GI bleed or urinary bleeding)
- Bleeding Diathesis, including but not limited to platelet count less than 100,000
- Current use of oral anticoagulant: Pradaxa, Direct Factor Xa Inhibitors, Xarelto, Eliquis
- Recent (within 3 months) intracranial or intraspinal surgery or serious head trauma
- Presence of intracranial conditions that may increase the risk of bleeding (e.g., some neoplasms, arteriovenous malformations, or aneurysms)

- Current severe uncontrolled hypertension
- On repeated measurement, systolic pressure > 185mmHg or diastolic pressure >110mmHg at the time of treatment, requiring aggressive treatment to reduce blood pressure to within these limits

## Additional Exclusion Criteria-Alteplase (tPA) administered between 3 and 4.5 hours of symptom onset

- Age > 80
- Severe Stroke: NIHSS > 25
- Taking an oral anticoagulant regardless of INR: Warfarin, Pradaxa, Xarelto, Eliquis
- History of both Diabetes **AND** prior Ischemic Stroke

NIH Stroke Scale Item	Scoring Definitions	Time and Score
1a. LOC	0 = alert and responsive 1 = arousable to minor stimulation 2 = arousable only to painful stimulation 3 = reflex responses or unarousable	
1b. LOC Questions—Ask patients age and month. Must be exact	0 = Both correct 1 = One correct (or dysarthria, intubated, foreign language) 2 = Neither correct	
1c. Commands—open/close eyes, grip and release non-paretic hand, (Other 1 step commands or mimic ok)	0 = Both correct (ok if impaired by weakness) 1 = One correct 2 = Neither correct	
2. Best Gaze—Horizontal EOM by voluntary or Doll's	0 = Normal 1 = partial gaze palsy; abnormal gaze in 1 or both eyes 2 = forced eye deviation or total paresis which cannot be overcome by Doll's	
3. Visual Field—Use visual threat if necessary. If monocular, score field of good eye.	0 = No visual loss 1 = partial hemianopia, quadrantanopia, extinction 2 = complete hemianopia 3 = bilateral hemianopia or blindness	
4. Facial Palsy—If stuporous, check symmetry of grimace to pain	0 = Normal 1 = minor paralysis, flat NLF, asymmetrical smile 2 = partial paralysis (lower face = UMN) 3 = complete paralysis (upper & lower face)	
5. Motor Arm—arms outstretched 90° (sitting) or 45° (supine) for 10 secs. Encourage best effort. Circle paretic arm in score box	0 = no drift x 10 secs 1 = drift but doesn't hit bed 2 = some antigravity effort, but can't sustain 3 = no antigravity effort, but even minimal movement counts 4 = no movement at all X = unable to assess due to amputation, fusion, fx, etc.	L or R
6. Motor Leg—raise leg to 30° supine x 5 secs	0 = no drift x 10 secs 1 = drift but doesn't hit bed 2 = some antigravity effort, but can't sustain 3 = no antigravity effort, but even minimal movement counts 4 = no movement at all X = unable to assess due to amputation, fusion, fx, etc.	L or R
7. Limb Ataxia—check finger-nose-finger; heel-shin; and score only if out of proportion to paralysis	0 = no ataxia (or aphasic, hemiplegic) 1 = ataxia in upper or lower extremity 2 = ataxia in upper AND lower extremity X = unable to assess due to amputation, fusion, fx, etc.	L or R
8. Sensory—Use safety pin. Check grimace or withdrawal if stuporous. Score only stroke-related losses	0 = normal 1 = mild-mod unilateral loss but pt aware of touch (or aphasic, confused) 2 = total loss, pt unaware of touch. Coma, bilateral loss	
9. Best language—describe cookie jar picture, name objects, read sentences. May use repeating, writing, stereognosis. (See red and/or blue box)	0 = Normal 1 = mild-mod aphasia; (diff but partly comprehensible) 2 = severe aphasia; (almost no info exchanged) 3 = mute, global aphasia, coma. No 1 step commands	
10. Dysarthria—read list of words (Green box)	0 = Normal 1 = mild-mod; slurred but intelligible 2 = severe; unintelligible or mute X = intubation or mech barrier	
11. Extinction/Neglect—simultaneously touch patient on both hands, show fingers in both visual fields, ask about deficit, left hand.	0 = Normal, none detected (vis loss alone) 1 = Neglects or extinguishes to double simulate stimulation in any modality (vis, aud, sens, spatial, body parts) 2 = profound neglect in more than one modality	

### Sentences

You know how.

Down to earth.

I got home from work.

Near the table in the dining room.

They heard him speak on the radio last night.

### Word List

Mama

Tip-top

Fifty-fifty

Thanks

Huckleberry

Baseball player

### Objects

