

LARGE VESSEL OCCLUSION

(ACA / MCA / ICA)

ANTICIPATE TRANSFER FOR THROMBECTOMY

***Acute Onset < 24 Hours**

NIH Stroke Scale > 6

Visual Field Cut

Deviated Gaze towards side of weakness

Face/Arm weaker than Leg

Severe Aphasia* or Mute*

**anticipate if weakness is on pt. dominant hand*

POSTERIOR STROKE

(Basal Artery/Vertebral Artery)

Acute Onset Dizziness/Vertigo (D + 1)

WALK Patient & Document Gait

DYSTAXIA (Trunk Ataxia)

Diplopia or Nystagmus (Double Vision)

Dysarthria (Difficulty Speaking)

Dysphagia (Difficulty Swallowing)

***Document Posterior Stroke Symptoms -
IAF NIH Comment Section with each
assessment Comments Section***

Basal Artery

Cranial Nerve Palsy

Coma

“Crossed” weakness and sensory loss
affecting the face and contralateral body

REQUIRED STROKE DOCUMENTATION TIMES

- **Last Known Well**
- **Code Stroke Activation Time** – MNM and McLaren Stroke Network
- Note activation prior to arrival if via EMS
- **Provider at Bedside – within 3 minutes of arrival/activation**
- **NIHSS Documented** – ED Assessment / Change in patient condition
– BP drip titration / Nursing Hand-off
- **Posterior Stroke** – Free text in Comments Section Present or NOT
- **Yale Swallow Screen Protocol** – Complete in ED
(Prior to 1st documented PO Intake)
- **Door Out** – Document in ED Nurse Depart
(Prior to transfer for thrombectomy / SAH / ICH)
- Intouch / Alteplase Monitoring Record PRN

Collaborate with Provider and document any delays:

Door to Drug:
Goal < 30 minutes

Door In Door Out:
Goal < 60 minutes

BP Management

SAH SBP < 140 / ICH SBP 130-150

Ischemic Non-Thrombolytic:

Treat BP > 220/120

TNK-ase Bolus Treat BP > 180/105

Post Thrombolytic Treat BP > 180/105