THE CLEVELAND CLINIC FOUNDATION COORDINATED CARE TRACK (CCT) **DEPARTMENT OF RADIOLOGY** **SUSPECTED STROKE: CEREBRAL INFARCT/HEMORRHAGE**	Date/time of Angio Visit:_____ Nurse:_____ Physician:_____ Disposition of patient:_____	Imprint/Label

Cross through any interventions which are not appropriate. Circle any intervention not completed or outcomes not met, add interventions and outcome statements as needed.

STROKE TRIAGE PLAN/PATIENT ASSESSMENT GUIDELINES	**Time Frame** **Location**	0-10 minutes Triage	10-20 minutes Treatment initiated	20-30 minutes Treatment in progress	30-90 minutes Treatment concluded
Onset of Symptoms: _____ _____	**Time to Treatment**	ED Time 1: _____ (Arrival at ED: Triage/EMS) ED Time 1a:_____ (Acute care bed)	ED Time 2: _____ (Physician assessment) ED Time 2:a_____ (Stroke triage ordered)	ED Time 3: _____ (CT completed) ED Time 4:_____ (Protocol initiated: Angios/drug)	Total onset to Rx time: _____ Total ED to Rx time: _____
SYMPTOMS < 8 HRS: *1. Page 2-Clot (22568) pager; if no response within 5 minutes, page Neurology resident on call (23845)* *1a. Kaiser also page OPMG Neurology MD* *2. Head CT without contrast (5mm slices)* *3. Laboratory studies: (1 green, 2 blue, 2 purple, 2 red speckled tubes and urine) to Stat Lab: CBC w/Diff, KP 7, SMA 10, PT/PTT, bHCG with females at risk for pregnancy, u/a, triglycerides, alt, thrombin time (+extra each blue, purple and red speckled tubes for special studies)* *SYMPTOMS > 8 HRS:* *1. Page adult neurology on call (CCF/Kaiser)* *2. Laboratory studies: CBC w//Diff, PT/PTT, KP7,* *2a. CCF additional labs: UA, SMA 10* *Kaiser additional labs: VDRL, Sed rate, lipid profile* *3. Head CT, w/wo posterior fossa* *SYMPTOMS > 72 HRS: Do not use this CCT* *WARNING SIGNS OF STROKE* **Sudden numbness, weakness, or paralysis of the face, arm, or leg* **Difficulty in speaking or understanding simple statements* **Decreased vision or blindness in one eye; double vision* **Unexplained dizziness, loss of balance, or sudden falls* **Sudden, severe headaches with no apparent cause* *DIFFERENTIAL DIAGNOSIS* **Hypoglycemia/insulin reaction* **Intracranial bleeding* **Drug-induced mental status changes, drug overdose* **Trauma* **Seizure disorder/Seizure w/ Todd's paralysis* **Infectious process (meningitis, encephalitis)* **Electrolyte imbalance* **Migraine* **Meniere's Disease vs VBI* **Bells Palsy* **Acute glaucoma*	**Discharge Planning/Patient Education**	Explain all procedures to patient/ family Allay fears through calm, efficient manner	Orient to ED, review current meds Alternate method of communication as needed	Review precautions Signs/Symptoms of stroke	Transfer/Discharge instructions F/U appointment if indicated
	Tests/Procedures/Consults	12 lead ECG w/retrieval Blood glucose monitor Order archival	Labs/CT ordered Alcohol/tox screens as indicated CXR (portable) as indicated	Neurology consult Stroke Protocol(s) decision per stroke fellow	NIH Stroke Scale
	Nursing/MedicalInterventions	Initial triage by RN or Charge Nurse (EMS) Maintain ABC, be prepared for ACLS Notification of ED physician Place on monitor w/pulse ox VS/Neuro checks **BP q 5 minutes x 3 - Initiate Blood Pressure Management Algorithm if BP elevated**	Continuous cardiac monitoring VS/Neuro checks **w/ BP** IV/saline lock I & O Indwelling catheter/NG as indicated Physician assessment of pt/ECG	Continuous cardiac monitoring VS/Neuro checks **w/ BP** IV/saline lock - 2nd large gauge IV if thrombolytic protocol I & O Neuro assessment of patient Anticipate arterial line insertion if SBP uncontrolled (BP Management Algorithm)	Continuous cardiac monitoring as indicated VS/Neuro checks **w/ BP** IV/saline lock I & O
	Precautions	Aspiration Seizure, as indicated	Aspiration Seizure, as indicated	Aspiration Seizure, as indicated Bleeding, as indicated	Aspiration Seizure, as indicated Bleeding, as indicated
	Medications	O_2 2L via NC/titrated to keep SpO_2 > 92% Labetolol as indicated for elevated SBP	O_2 2L via NC/titrated to keep SpO_2 > 92% Consider CNS diuretics,anti-epileptics/anti-seizures	Heparin as indicated * **pending CT results** Anticipate sodium nitroprusside if SBP uncontrolled	Update prescriptions

	Activity/Nutrition	Transfer by w/c or cart to bedside	Bedrest, HOB 30^{o} NPO	Bedrest, HOB 30^{o} NPO	Bedrest, HOB 30^{o} NPO
	Outcome Criteria	Patient in acute care bed and monitored	Improvement in presenting symptoms/no progression of deficits CT scheduled (Sx < 8hrs) Free from injury SBP controlled	Appropriate service evaluating patient Lab results available CT in progress or completed (Sx < 8 hrs) Free from injury	**Decision** to transfer to Angio, NICU, RNF (Sx < 8 hrs) or CDU or D/C