INITIAL EVALUATION OF POSSIBLE ACUTE STROKE
Saskatchewan Acute Stroke Pathway Protocols

Mode of Arrival:
- ☐ EMS stroke alert
- ☐ EMS non-stroke alert
- ☐ Self
- ☐ In-patient

**Patient information**

Last seen by (witness name):
Witness phone:

Date/Time of arrival:
Airway Clear?  Yes ☐ No ☐

Time of assessment:
CTAS: 1 2

**PERFORM STROKE SCREENS TO CONFIRM STROKE ALERT**

**FAST screen**  ONE OR MORE SYMPTOMS = FAST POSITIVE

<table>
<thead>
<tr>
<th>FACE</th>
<th>ARM</th>
<th>SPEECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Left droop</td>
<td>☐ Right weak</td>
<td>☐ Slurred</td>
</tr>
<tr>
<td>☐ Right droop</td>
<td>☐ Left weak</td>
<td></td>
</tr>
</tbody>
</table>

**VAN screen**  ONE OR MORE SYMPTOMS = VAN POSITIVE

<table>
<thead>
<tr>
<th>VISION</th>
<th>APHASIA</th>
<th>NEGLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Right gaze</td>
<td>☐ Naming difficulties</td>
<td>☐ Ignoring left body</td>
</tr>
<tr>
<td>☐ Left gaze</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vital Signs**

- ☐ BP:
- ☐ Temp:
- ☐ P:
- ☐ O2SaT:
- ☐ Weight:
- ☐ Random blood glucose:

**Consider brain stem stroke: sudden onset coma/impaired LOC with no other cause**

- ☐ FAST positive only = stroke alert if LSN within 12 hours
- ☐ FAST positive and VAN positive = stroke alert if LSN up to 24 hours

**Extreme blood pressure elevation (e.g. systolic > 220 or diastolic > 120mmHg) may be treated to reduce the blood pressure by ~15%, and not more than 25%, over the first 24h with gradual reduction thereafter. Labetalol is the usual treatment for this situation**
**Order set:**

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### Laboratory Investigations

- CBC
- Na, K, Cl, Creatinine, BUN, Bicarb (lytes 6)
- APTT
- INR
- Troponin
- ALT, AST, ALP, Bili
- Serum BHCG if female of child bearing age (qualitative)
- Additional Lab:

### Diagnostics

- CT Head STAT: first cut time: ______ h
- Computed Tomography Angiography (CTA) head STAT time: ______ h
- 12-Lead ECG

### Orders

- Old Chart STAT
- Neurology initial contact by ER physician at earliest safe opportunity; usually while pt in CT.
  - Neurology consult: ☐ telephone  ☐ telesstroke  ☐ no consult
  - Comments: ________________________________________________________________
- Additional consult: __________________________________________________________
- Saline Lock X 2 large gauge antecubital IV
- BP/Cardiac Monitor
  - Monitor BP- Permissive hypertension up to 220 systolic is acceptable if asymptomatic.
  - Avoid aggressive BP management if not asymptomatic. May need reduction if tPA candidate.

### Preliminary Diagnosis

- Ischemic Stroke  ☐
- Haemorrhagic – Intracerebral bleed  ☐
- Transient ischemic attack  ☐
- Stroke unspecified  ☐
- No stroke-related diagnosis  ☐

### Next Steps

- Discharge  ☐
- Refer to Stroke Prevention Clinic (Use TIA Referral form)  ☐
- Admit (Use Stroke Admission Order Set)  ☐
- Transfer  ☐