Nursing Guidelines for Initial Evaluation of Patients with Acute Stroke

Section 1) Initial treatment for all possible acute stroke patients

☐ If new onset of stroke symptoms, call Rapid Response Team and page primary service

☐ Evaluate patient, including vital signs & POC glucose

☐ Monitor neuro status and notify physician of any changes or if BP is greater than 185/110

Common Stroke Symptoms
Sudden onset:
• weakness or numbness on one side,
• confusion, trouble speaking or understanding,
• trouble seeing in one or both eyes,
• trouble walking, loss of balance or coordination
• severe headache with no known cause

Section 2) Rapid Response or ICU nurses

☐ Check if STAT “possible tPA candidate” non-contrast head CT ordered, if not, suggest to ordering physician

☐ Check if Stroke Team (BIG) has been paged, if not, suggest to ordering physician

☐ Check BP and pulse at least every 15-30 min and record. Notify physician for BP ≥185/110 this must continue even during patient transport.

☐ Neuro checks including vital signs, GCS, motor function, pupil size and reactivity. Record at least every 15-30 minutes. This should continue, even during patient transport.

☐ Obtain temperature x1

☐ Oxygen at 2 LPM via nasal cannula for oxygen saturation < 95%

☐ Do not give aspirin, heparin or warfarin.

☐ Keep patient NPO

☐ IV access x 2; NS at 75cc/hr.; saline lock in opposite arm

☐ AVOID ARTERIAL STICKS (if possible)

☐ STAT nurse blood draw for:
  o CBC with platelets
  o PT, aPTT, and INR
  o Glucose (preferably checked at bedside)
  o Hold type and screen and additional blood

☐ STAT EKG (do not delay head CT or treatment for EKG)

☐ Establish patient’s weight ________________ kg

☐ Obtain IV pump and tubing for possible infusion.
Section 3) Nursing Orders for Treating Stroke with Activase/Alteplase (tPA)

- Provide patient weight for tPA order
- USE ONLY ACTIVASE or ALTEPLASE (TPA)
  - DO NOT USE RETAVASE/RETEPLASE OR OTHER TPA-CLASS DRUGS!
  - DO NOT USE CARDIAC DOSING.

- Make sure Pharmacy informed of “STAT TPA ORDER FOR ACUTE STROKE”
  - 6th floor pharmacy for adult UH/CVC patient (6-8251) or
  - Children’s and Women’s pharmacy if adult C & W patient (4-8208)
  - If no response, call ED pharmacy (2-6708)

- On drug arrival
  - Verify drug, tPA, (Activase/alteplase) and dosing with treating physician.
  - Confirm total dose, bolus dose (10% of total dose)
  - Confirm infusion dose (90% of total dose) of Activase/alteplase tPA

- Bolus dose is given IV push over 1 minute. Infusion dose is given over 1 hour

- Set the infusion rate on the pump.

- At the end of infusion, hang a 50 mL bag of normal saline and infuse at rate of t-PA infusion rate to empty the line completely of t-PA. Document the start time of this infusion in the record.

- Vital signs and neuro checks q 15 minutes and record, for 2 hours after the bolus of tPA, then q 30 minutes (+/- 5 minutes) for 6 hours, then q 1 hour (+/- 10 minutes) for 16 hours. Continue to check and record until patient transferred and accepted.

- Notify physician immediately for:
  - Any change in level of consciousness
  - Any worsening of neurologic function
  - Any abrupt rise in blood pressure
  - Any systolic blood pressure > 180 OR diastolic blood pressure > 105

- Transfer to Stroke Unit (or NICU) when bed available.

Section 4) If pharmacy is NOT AVAILABLE to prepare tPA: (this should only be used in extraordinary circumstances)

- Follow the reconstituting and administration instructions for Activase/alteplase tPA on the dosage chart in the acute stroke tackle box from the pharmacy

Section 5) Nursing Orders for possible IA treatment

- Continue vital sign and neuro checks at least q 15-30 minutes until patient care is transferred to anesthesia, or decision is made that patient is not an IA candidate.
- Patient must be accompanied by a nurse until care is transferred to another service assuming care