

REGISTERED NURSE

STROKE PATIENT ACUTE TREATMENT FORM



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PATIENT NAME:

Work in parallel with the doctor to save time.

Objective: Confirm diagnosis of stroke and perform initial physical evaluation to provide the treating physician with the relevant information in less than 10 minutes

Stroke screening¹

	Normal	Abnormal
☐ Facial droop	Both sides of face move equally	One side of face does not move at all
☐ Arm drift	Both arms move equally or not at all	One arm drifts compared to the other
☐ Speech	Patient uses correct words with no slurring	Slurred or inappropriate words or mute

☒ Suspected stroke diagnosed / Ambulance pre-notification of suspected FAST positive patient

☐ **Activate code stroke**

☐ Inform stroke team of patient's estimated arrival time

☐ Inform radiology to prepare CT scanner for stroke patient

☐ Inform clinical laboratory of stroke code

☐ **Immediate transfer to CT scanner**

☐ **Establish iv access** (preferably 2 medium-large bore cannulas with saline lock) and start crystalloid infusion.²

Please collect the following information within 5 minutes^{2,3}

Check blood sugar by finger prick	mg/dl	(Advise doctor if Blood glucose < 50 or > 180 mg/dl)
Point of care INR		(Advise doctor if patient is taking anticoagulants)
Blood pressure	mmHg	(Advise doctor if SBP >180 mmHg or DBP >110mmHg)
Determine patients weight	kg	(Use stroke bed to determine patients weight, alternatively ask family or estimate)
Time from symptom onset	hours	(Advise doctor if > 4.5 hours)
Patient's age		(Advise doctor if patient is ≤ 18)

Please carry out the following orders **WITHOUT DELAYING RECANALIZATION THERAPY^{2,3}**

Please monitor the following parameters ^{2,3}

- ☐ Start on O₂ (2 - 4 L/min nasal cannula, to keep O₂ saturation > 94%)
- ☐ Connect to continuous cardiac monitoring
- ☐ Temperature
- ☐ Heart rate
- ☐ Respiratory rate

Draw blood for the following laboratory studies^{2,3}

- ☐ Complete blood count and platelet count
- ☐ Partial thrombin time (PTT)
- ☐ Serum electrolytes
- ☐ Blood glucose
- ☐ C-reactive protein (CRP) or sedimentation rate
- ☐ Hepatic and renal chemical analysis

Please keep the following points in mind^{2,3}

- ☐ Incline head of bed at 30°
- ☐ If indicated insert urinary catheter before starting rt-PA (this should not delay the initiation of rt-PA)
- ☐ Apply pressure dressing on any failed vein puncture sites
- ☐ Avoid nasogastric tubes if possible for 24 hours
- ☐ Keep NPO until the swallowing screen has been done. If dysphagia present keep NPO

Nurse, name

Staff number

Signature

Date

Time

References:

1. Acad Emerg Med. 1997 Oct;4(10):986-90.
2. European Stroke Organization guidelines 2008. Cerebrovasc Dis 2008;25(5):457-507.
3. AHA/ASA Guideline. Stroke.2013;44:870-947

These checklists are provided as an example. Please adapt to your local regulations and prescribing information before use.

