



Order set: <b>INITIAL EVALUATION OF POSSIBLE ACUTE STROKE</b> Saskatchewan Acute Stroke Pathway Protocols	Addressograph					
<b>Diagnostics</b>	<b>ACTION</b>					
<input checked="" type="checkbox"/> CT Head STAT: first cut time: _____ h <input checked="" type="checkbox"/> <b>Computed Tomography Angiography (CTA) head STAT time:</b> _____ h <input checked="" type="checkbox"/> 12-Lead ECG						
<b>Orders</b>						
<input type="checkbox"/> Old Chart STAT <input checked="" type="checkbox"/> Neurology initial contact by ER physician at earliest safe opportunity; usually while pt in CT. Neurology consult: <input type="checkbox"/> telephone <input type="checkbox"/> telestroke <input type="checkbox"/> no consult  Comments: _____  <input type="checkbox"/> Additional consult: _____ <input checked="" type="checkbox"/> <b>Saline Lock X 2 large gauge antecubital IV</b> <input checked="" type="checkbox"/> <b>BP/Cardiac Monitor</b>  <b>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.</b>						
<b>Preliminary Diagnosis</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Ischemic Stroke</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Stroke unspecified</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Haemorrhagic – Intracerebral bleed</td> <td style="border: none;"><input type="checkbox"/> No stroke-related diagnosis</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Transient ischemic attack</td> <td style="border: none;"></td> </tr> </table>		<input type="checkbox"/> Ischemic Stroke	<input type="checkbox"/> Stroke unspecified	<input type="checkbox"/> Haemorrhagic – Intracerebral bleed	<input type="checkbox"/> No stroke-related diagnosis	<input type="checkbox"/> Transient ischemic attack
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<b>Next Steps</b>						
<input type="checkbox"/> Discharge <input type="checkbox"/> Refer to Stroke Prevention Clinic ( <i>Use TIA Referral form</i> ) <input type="checkbox"/> Admit ( <i>Use Stroke Admission Order Set</i> ) <input type="checkbox"/> Transfer						

_____ PRACTITIONER INITIAL	_____ DATE/TIME
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