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| Order set:<br><b>INITIAL EVALUATION OF POSSIBLE ACUTE STROKE</b><br>Saskatchewan Acute Stroke Pathway Protocols   | Addressograph   |
| <b>Laboratory Investigations</b>  |   |
| <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Na, K, Cl, Creatinine, BUN, Bicarb (lytes 6) <input checked="" type="checkbox"/> APTT <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Troponin<br><input checked="" type="checkbox"/> ALT, AST, ALP, Bili<br><input type="checkbox"/> Serum BHCG if female of child bearing age (qualitative)<br><input type="checkbox"/> Additional Lab:   |   |
| <b>Diagnostics</b>  |   |
| <input checked="" type="checkbox"/> CT Head STAT: first cut time: _____ h<br><input checked="" type="checkbox"/> <b>Computed Tomography Angiography (CTA) head STAT time:</b> _____ h<br><input checked="" type="checkbox"/> 12-Lead ECG  |   |
| <b>Orders</b>   |   |
| <input type="checkbox"/> Old Chart STAT<br><input checked="" type="checkbox"/> Neurology initial contact by ER physician at earliest safe opportunity; usually while pt in CT.<br>Neurology consult: <input type="checkbox"/> telephone <input type="checkbox"/> telestroke <input type="checkbox"/> no consult<br>Comments: _____<br><input type="checkbox"/> Additional consult: _____<br><input checked="" type="checkbox"/> <b>Saline Lock X 2 large gauge antecubital IV</b><br><input checked="" type="checkbox"/> <b>BP/Cardiac Monitor</b><br><p style="margin-left: 20px;"><b>Monitor BP- Permissive hypertension up to 220 systolic is acceptable if asymptomatic.</b><br/> <b>Avoid aggressive BP management if not asymptomatic. May need reduction if tPA candidate.</b></p> |   |
| <b>Preliminary Diagnosis</b>  |   |
| <input type="checkbox"/> Ischemic Stroke<br><input type="checkbox"/> Haemorrhagic – Intracerebral bleed<br><input type="checkbox"/> Transient ischemic attack   | <input type="checkbox"/> Stroke unspecified<br><input type="checkbox"/> No stroke-related diagnosis |
| <b>Next Steps</b>   |   |
| <input type="checkbox"/> Discharge<br><input type="checkbox"/> Refer to Stroke Prevention Clinic ( <i>Use TIA Referral form</i> )<br><input type="checkbox"/> Admit ( <i>Use Stroke Admission Order Set</i> )<br><input type="checkbox"/> Transfer  |   |

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| _____<br>PRACTITIONER INITIAL | _____<br>DATE/TIME |
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