**SUSPECTED ACUTE STROKE PATHWAY**

**Exclusions Criteria**
- Children ≤ 1 month corrected age
- Congenital or acquired heart disease
- Sickle cell disease
- Autoimmune disorders
- Inflammatory bowel disease & colitis

**Inclusion Criteria**
- Children > 1 month corrected age
- No signs & symptoms suggestive of intracranial hemorrhage
- No signs & symptoms suggestive of mass effect
- No signs & symptoms suggestive of hydrocephalus
- No signs & symptoms suggestive of raised intracranial pressure

**Outside admissions/transfers to CHMC for suspected stroke**
- Call Communication Center to page on call neurologist.
- If IPA is indicated, administration is recommended within 3 hours.
- If tPA is indicated, administration should be started within 3 hours.

**Acute Stroke Risk Factors**
- Stroke cell disease
- Congenital or acquired heart disease
- Head trauma
- Head infections
- Systemic conditions such as inflammatory bowel disease & autoimmune disorders
- Sickle cell disease

**Follow-Test Ischemic Attack (TIA) guidelines**
- Consult neurologist on call
- No signs & symptoms of ischemic stroke for 3 hours, then call neurologist within 24 hours

**Children <1 month of age**
- ChildrensNebraska.org/Pathways

**Acute Stroke Risk Factors**
- Stroke Panel - MR Stroke Brain WO Contrast and MRA Head WO Contrast - STAT
- Complete Pediatric NIH Stroke Scale (NIHSS) on first neuro assessment

**Are symptoms completely resolved?**
- Yes
- No

**Do not delay imaging for the following, obtain ASAP:**
- CT Head WO Contrast and MRA Head WO Contrast
- STAT

**Additional Instructions**
- Establish intravenous access (if not already in place)
- Head of bed flat
- Maintain normothermic, normoglycemic, and blood pressure within normal limits for age
- Keep NPO
- Keep normo thermic, normoglycemic, and blood pressure within normal limits for age
- Establish intravascular access (if not already in place)
- Manage as Ischemic Stroke
- Pass IV lines to ordering provider then document in EMR using .strokeimgresults
- For TIA
  - Admit to Med/surg
  - Manage off pathway
  - STAT

**External Pathways**
- Stake Panel - MRA Stroke Brain WO Contrast and MBA Head WO Contrast - STAT include "TIA" on the order indication.

**Discharge criteria**
- Vital signs & neuro checks every 15 minutes for 48 hr after stroke onset if tPA given
- Keep normothermic, normoglycemic, and blood pressure within normal limits for age
- Keep NPO
- Keep normothermic, normoglycemic, and blood pressure within normal limits for age
- Ensure nursing documentation of weight in Kg
- Establish intravascular access (if not already in place)
- Review labs: hemoglobin, white blood cell count, platelet count, PT, PTT, ESR, CRP, CMP, CBC
- Review EPOC panel, if clinically indicated
- 12 lead ECG
- Electrocardiogram
- CT Head WO Contrast
- MRA Head WO Contrast
- Address all contraindications & eligibility
- Consult Neurology
- Consult Hematology
- Consult Radiology

**Disclaimer:** Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

*Images and diagrams are intended for educational purposes only and are not intended to replace professional medical advice.*

*ChildrensNebraska.org/Pathways*

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