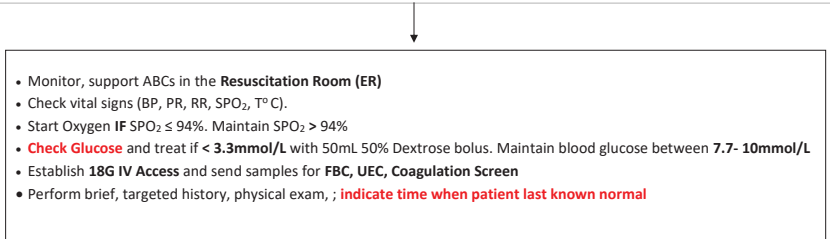


18. Stroke Algorithm

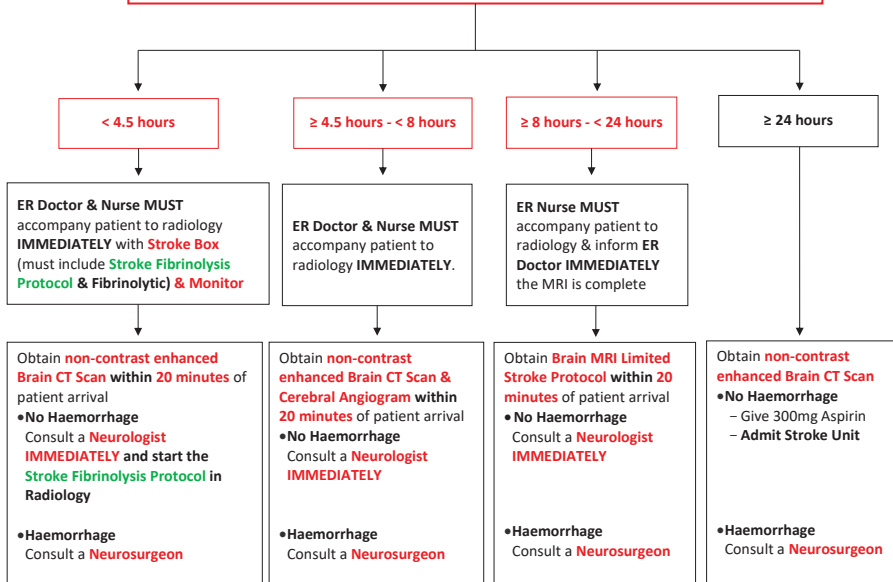
This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Identify signs of Possible Acute Stroke Patient MUST be seen by the doctor within 10 minutes of arrival	
Test	Findings
Facial Droop: Have patient show teeth or smile	Normal – both sides of face move equally Abnormal – one side of face does not move as well as the other
Arm Drift: Patient closes eyes and extends both arms straight out, with palms up, for 10 seconds	Normal – both arms move the same or both arms do not move at all Abnormal – one arm does not move, or one arm drifts down compared with the other
Abnormal Speech: Have the patient repeat a sentence	Normal – patient uses correct words with no slurring Abnormal – patient slurs words, uses the wrong words, or is unable to speak
Interpretation: If any 1 of these 3 signs is abnormal, the probability of a stroke is 72% . The presence of ALL 3 findings indicates that the probability of stroke is >85%	



Time from onset of symptoms*

***for patients who wake up with stroke symptoms, consider the time the patient went to sleep as the time of symptom onset**



National Institutes of Health Stroke Scale (NIHSS)

(Available in **MDCalc**)

1a. Level of consciousness	<input type="checkbox"/> 0 = Alert; keenly responsive <input type="checkbox"/> 1 = Not alert, but rousable by minor stimulation <input type="checkbox"/> 2 = Not alert; requires repeated stimulation <input type="checkbox"/> 3 = Unresponsive or responds only with reflex	7. Limb ataxia	<input type="checkbox"/> 0 = Absent <input type="checkbox"/> 1 = Present in one limb <input type="checkbox"/> 2 = Present in two limbs				
b. Level of consciousness questions: What is the month? What is your age?	<input type="checkbox"/> 0 = Both answers correct <input type="checkbox"/> 1 = Answers one question correctly <input type="checkbox"/> 2 = Answers both questions incorrectly	8. Sensory	<input type="checkbox"/> 0 = Normal; no sensory loss <input type="checkbox"/> 1 = Mild-to-moderate sensory loss <input type="checkbox"/> 2 = Severe to total sensory loss				
c. Level of consciousness commands:	<input type="checkbox"/> 0 = Performs both tasks correctly <input type="checkbox"/> 1 = Performs one task correctly <input type="checkbox"/> 2 = Performs neither task correctly	9. Best language	<input type="checkbox"/> 0 = No aphasia; normal <input type="checkbox"/> 1 = Mild to moderate aphasia <input type="checkbox"/> 2 = Severe aphasia <input type="checkbox"/> 3 = Mute, global aphasia				
2. Best gaze	<input type="checkbox"/> 0 = Normal <input type="checkbox"/> 1 = Partial gaze palsy <input type="checkbox"/> 2 = Forced deviation	10. Dysarthria	<input type="checkbox"/> 0 = Normal <input type="checkbox"/> 1 = Mild to moderate dysarthria <input type="checkbox"/> 2 = Severe dysarthria				
3. Visual	<input type="checkbox"/> 0 = No visual loss <input type="checkbox"/> 1 = Partial hemianopia <input type="checkbox"/> 2 = Complete hemianopia <input type="checkbox"/> 3 = Bilateral hemianopia	11. Extinction and inattention	<input type="checkbox"/> 0 = No abnormality <input type="checkbox"/> 1 = Visual, tactile, auditory, spatial, or personal inattention <input type="checkbox"/> 2 = Profound hemi-inattention or extinction				
4. Facial palsy	<input type="checkbox"/> 0 = Normal symmetric movements <input type="checkbox"/> 1 = Minor paralysis <input type="checkbox"/> 2 = Partial paralysis <input type="checkbox"/> 3 = Complete paralysis of one or both sides	Total Score = 0 - 42					
5. Motor Arm a. Left Arm (LA) b. Right Arm (RA)	0 = No drift 1 = Drift	LA	RA	LL	RL	Time	Total Score
6. Motor Leg a. Left Leg (LL) b. Right Leg (RL)	2 = Some effort against gravity 3 = No effort against gravity; limb falls 4 = No movement	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

Stroke Fibrinolysis Protocol

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