**Level of Consciousness**

- 0-alert
- 1-easy to arouse
- 2-hard to arouse
- 3-reflexes/unresponsive

**LOC Questions**

- 0-month/age right
- 1-one right
- 2-neither right

**LOC Commands**

- 0-eye-close/make fist both right
- 1-one right
- 3-neither correct

**Best Gaze**

- 0-normal
- 1-partial palsy
- 2-forced deviation

**Visual**

- 0-normal
- 1-partial one eye
- 2-partial both eyes
- 3-blind

**Facial Palsy**

- 0-normal
- 1-minor
- 2-partial
- 3-complete

**Motor Arm, Left**

- 0-no drift
- 1-drift
- 2-some effort
- 3-no effort
- 4-no movement UN-cannot

**Motor Arm, Right**

- 0-no drift
- 1-drift
- 2-some effort
- 3-no effort
- 4-no movement UN-cannot

**Motor Leg, Left**

- 0-no drift
- 1-drift
- 2-some effort
- 3-no effort
- 4-no movement UN-cannot

**Motor Leg, Right**

- 0-no drift
- 1-drift
- 2-some effort
- 3-no effort
- 4-no movement UN-cannot

**Limb Ataxia**

- 0-normal
- 1-one limb
- 2-two limbs
- UN-cannot

**Sensory**

- 0-normal
- 1-mild/moderate
- 2-severe/total

**Best Language**

- 0-normal
- 1-mild/moderate aphasia
- 2-severe
- 3-mute

**Dysarthria**

- 0-normal
- 1-mild-moderate
- 2-severe
- UN-intubated

**Extinction and Inattention**

- 0-normal
- 1-inattention/extinction
- 2-profound hemi-inattention/extinction

**NIH Stroke Scale:**

- NIHSS ≤ 3
- NIHSS ≥ 4

**Dye reaction protocol:**

- famotidine (Pepcid) 20 mg IV
- + diphenhydramine (Benadryl) 50 mg
- + methylprednisolone (Solumedrol) 125 mg IV

**Are patient’s neuro symptoms from an intracranial bleed?**

- Skip to † **Intracranial Bleed**, page 3
Does patient need an insulin drip?
- bedside or lab glucose >200 mg/dL
  - Yes → Insulin infusion
  - Usual is 2 units/hr, more if glucose is very high
  - Glycemic goal is 120-200: usually ask to be alerted if <120 or > 200.
  - While on insulin drip, usually order Q 1 hour fingerstick blood sugar.

Does patient need fever management?
- temperature >38° C
  - Yes → acetaminophen PO
  - Usual is 15 mg/kg PO; 1000 mg for 70 kg adult; best in multiples of 325 or 500 mg
  - or, if patient fails bedside swallowing screen, acetaminophen PR
  - Usual is 30 mg/kg PO; 2000 mg for 70 kg adult; best in multiples of 120 or 650 mg

Does patient need hypertension management?
- Acute ischemic stroke getting thrombolytics and BP > 185/110 Q5’ x2
  - or, Intracranial hemorrhage:
    - lower systolic BP 20% below baseline,
    - diastolic BP goal 90-110.
  - Yes → labetalol (caution if asthma) 5 mg IV over 2 minutes then, 10 mg IV Q 10 minutes PRN
  - titrate to goal
  - have nurse hold if HR < 60; or
  - hydralazine 10 mg IV push, then, 10 mg IV Q 5 minutes PRN
  - titrate to goal; or
  - nicardipine drip
  - start at 5 mg/hr (usual dose: 0-15 mg/hr)
  - titrate to goal

Thrombolysis Checklist: Absolute Criteria
- All must be checked to give IV tPA.
- If unable to check any box, IV tPA is not appropriate:
  - discuss invasive options with stroke neurologist; if none, check swallowing test and give ASA (324 mg chew and swallow, or 300 mg PR)
  - Acute ischemic CVA
  - Age ≥ 18 years
  - No seizure at onset/reason to suspect SAH
  - No known bleeding diathesis
  - No heparin with increased PTT
  - No neurosurgery/major head trauma in 3 mo.
  - Never any CNS aneurysm, AVM, bleed or neoplasm
  - No major surgery or trauma within 14 days
  - No LP within 7 days
  - No active GI/GU bleeding within 21 days
  - BP ≤ 185/110 now (may be on IV meds)
  - Platelets > 100,000
  - INR ≤ 1.7
  - No hemorrhage on CT read by neuroradiologist

Thrombolysis Checklist: Relative Criteria
- If cannot check all, relative contraindication to systemic thrombolysis:
  - No LMWH within 24 hours
  - No rapidly improving neurological status
  - Glucose 50-400
  - Not pregnant
  - No early signs of infarct (edema, sulcal effacement) on CT read by neuroradiologist/stroke neurologist
alteplase (ACTIVASE, tPA)  mg

- Start peripheral IVs to total 2 IVs
- Record infusion start/stop time in nurses’ notes
- VS/Limited NIH Stroke Scale q15min during infusion and for 2 hours post-infusion
- No arterial puncture or venous puncture at non-compressible site

0.9 mg/kg, actual body weight, max. dose 90 mg.

give mg over 1-2 minutes bolus: 10% of total dose

give mg over 1 hour infusion: 90% of total dose

† Intracranial Bleed

Dysfunctional platelets?
uremia
platelet function disorder
aspirin/clopidogrel (PLAVIX)
ticlopidine (TICLID)
aspirin/dipyridamole (AGGRENOX)

Yes  ➔  DDAVP mcg IV push

usual dose 0.3 mcg/kg; 21 mcg for 70 kg adult

Does patient need platelets?

Yes  ➔  Platelet count < 100,000:

2 units

Aspirin response test < 550:

6 units

Coumadin & aspirin:

10 units

Does patient need Coumadin reversed?
elevated bedside PT/INR

Yes  ➔  Vitamin K 10 mg IV STAT at 1 mg/min infusion

Fresh Frozen Plasma units over 90 minutes

- Usual adult dose 3-4 units.
- FFP dosage ≈ 10 ml/kg
- Approximately 200 mL/unit.
- Order in units rather than mL

Is patient a neurosurgical candidate?

Yes  ➔  Discuss with neurosurgery

0800 - 1600 M-F: Consult Neurosurgical PAs
Weekends/nights call neurosurgery answering service
Consult Anesthesia STAT to see patient in ED
Type and cross 4 units PRBC
Consider triple lumen central line