

STROKE CENTRES EMERGENCY STANDARD ORDERS Date/Time: _____

BRHC BTHC PDGH

These orders are to be used as a guideline to support clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders

■ Indicates Standard orders. If not in agreement with an order, cross out and initial. Requires a check for activation.

Allergies: Yes No Unknown (if yes, list and describe reaction): _____

MEDICATION ORDERS	GENERAL ORDERS
<ul style="list-style-type: none"> ■ Oxygen Therapy: Keep saturation levels between 94% and 98%. ■ Insert 2 IV lines → One 18 g catheter in Rt-ACF is preferred for CTA (if possible). ■ NO antithrombotic medications until intracranial hemorrhage ruled out by CT 	<ul style="list-style-type: none"> ■ Confirm time of symptom onset or last seen normal (LSN). ■ Check for Health Care Directive (HCD) / Advanced Care Plan (ACP) ■ Blood glucose (baseline). ■ STAT non-contrast CT brain (nurse to accompany patient). ■ Access telehealth/telestroke (turn-on equipment). ■ Consult with telestroke Neurologist: 1-204-933-2025 <input type="checkbox"/> CT Angiogram (arch to vertex) Lab work: <ul style="list-style-type: none"> ■ CBC, Glucose, INR, aPTT, Troponin, BUN, CK, Creatinine, Na, K, Chloride, ALT, AST, Type and Screen. <input type="checkbox"/> TSH <input type="checkbox"/> LDL, HDL, Triglycerides, Total Cholesterol ■ Pregnancy screen for females under 50. ■ Neurovitals (GCS and VS) on arrival. <input type="checkbox"/> Foley catheter if clinically necessary <input type="checkbox"/> National Institute of Health Stroke Scale (NIHSS). ■ 12 Lead ECG post CT. ■ Continuous cardiac monitoring. ■ NPO pending Swallowing Screen. ■ Assess need for foley.
<p>■ STROKE TREATMENT OPTIONS: PRESCRIBER TO COMPLETE INCLUSION/EXCLUSION CRITERIA (ON PAGE 2 of 2) AND CHECK (✓) APPROPRIATE PLAN</p>	
<p><i>*Results of INR and PTT NOT required before treatment unless the patient is on anticoagulation therapy or there is another reason to suspect elevation.</i></p>	
<p><input type="checkbox"/> TREATMENT - ALTEPLASE (tPA): Time since stroke symptom onset less than 4.5 hours.</p> <ul style="list-style-type: none"> ■ Initiate <i>Stroke Centres Alteplase (tPA) Standard Orders</i> (CLI.4110.PL.013.FORM.10) ■ Arrange for admission. <input type="checkbox"/> If indicated, transfer to: <input type="checkbox"/> Health Sciences Centre <input type="checkbox"/> St. Boniface Hospital 	
<p><input type="checkbox"/> TREATMENT – NO ALTEPLASE (tPA): Time since stroke symptom onset greater than 4.5 hours; Intracranial Hemorrhage; Active internal bleeding; Endocarditis or acute pericarditis.</p> <ul style="list-style-type: none"> ■ Initiate <i>Stroke Standard Orders: No Alteplase (tPA) / Post Alteplase (tPA)</i> (CLI.4110.PL.013.FORM.02) 	
<p><input type="checkbox"/> TREATMENT - MINOR STROKE/TIA When focal neurological deficits lasting less than one hour OR when time of non-disabling stroke symptoms onset greater than 4.5 hours.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Admit to hospital (recommended for high risk or critical TIA presentation). ■ Initiate <i>Minor Stroke / Transient Ischemic Attack (TIA): Risk Assessment and Standard Orders</i> (CLI.4110.PL.013.FORM.03) 	
<p><input type="checkbox"/> ENDOVASCULAR THERAPY: transfer to Health Sciences Centre.</p>	
<p>Prescriber Signature: _____ Date/time _____</p>	
<p>Faxed to Pharmacy: Date: _____ Time: _____ Signature: _____</p>	

STROKE CENTRES EMERGENCY STANDARD ORDERS (cont.)

INCLUSION/EXCLUSION CRITERIA FOR ALTEPLASE (tPA)		
Prescriber:		
<input type="checkbox"/> Complete inclusion/exclusion criteria for Alteplase (tPA). <input type="checkbox"/> Consult Neurology.		
Inclusion Criteria		
YES	NO	
		18 years of age or older.
		Symptoms suggestive of acute ischemic stroke with disabling neurological deficit.
		Treatment initiated within 4.5 hours of stroke symptom onset.
Exclusion Criteria:		
Absolute Contraindications		
YES	NO	
		Intracranial Hemorrhage.
		Active internal bleeding.
		Endocarditis or acute pericarditis.
Relative Contraindications:		
Consult with Stroke Specialist		
YES	NO	
		Currently taking a direct oral anticoagulant (DOAC): Either Rivaroxaban (Xarelto); Apixaban (Eliquis); Dabigatran (Pradaxa); or Edoxaban (Lixiana).
		Currently on Dalteparin (low molecular heparin).
		Blood Pressure greater than 180/105 after 2 attempts to reduce Blood Pressure.
		Platelet below 100×10^9 /litre.
		PTT greater than 40.
		INR greater than 1.7.
		Blood glucose less than 2.7 or greater than 22.2 mmol/L.
		Surgery or trauma within last 14 days.
		Stroke or head injury within the preceding 3 months.
		Pre-treatment CT scan showing: <ul style="list-style-type: none"> • Hypodensity, which could represent evolving infarction greater than 4.5 hours old; • Tumor, aneurysm, AV Malformation.
		Seizure at onset of stroke.
		History of respiratory, retroperitoneal, GI or urinary hemorrhage within past 21 days.
		Lumber Puncture or arterial puncture at non-compressible site within the past 7 days.
		Intracranial surgery or intraspinal surgery within last 2 months.
		History of CNS bleeding.
		Serious underlying medical illness, or serious surgical risk (e.g. AAA).
		Patient is pregnant.
		Recent MI (discuss timing with neurologist).
Prescriber Signature: _____ Date _____ Time _____		