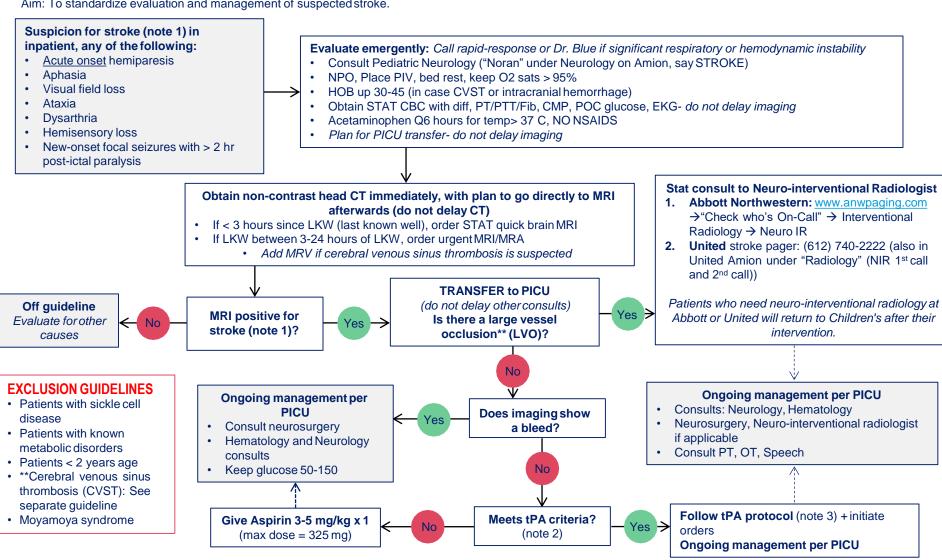
Inpatient Suspected Stroke: Initial diagnosis and management ≥2 years age



Aim: To standardize evaluation and management of suspected stroke.



INPATIENT GUIDELINE

Inpatient Suspected Stroke: Notes & tPA protocol ≥2 years age



Aim: To standardize evaluation and management of suspected stroke.

Note 1. Stroke types

- Hemorrhagic
- AIS (arterial ischemic stroke)
- CVST (cerebral venous sinus thrombosis)

Contact info: Minneapolis

- 1. Pediatric Neuro On-Call: Amion: Noran
- 2. Heme: Amion
- 3. PICU Attending: x58563 or Amion
- 4. Neuroradiology: x58200 or Amion
- 5. Sedation Coordinator: 612-813-8285
- 6. CVCC Attending: x58411 or Amion
- 7. Abbott Northwestern: www.anwpaging.com
 - → "Check who's On-Call" → Interventional Radiology → Neuro IR

Contact info: St. Paul

- Pediatric Neuro On-Call: Amion: Noran/Children's
- 2. Heme: Amion
- 3. PICU Attending: x68563 or Amion
- 4. Neuroradiology: Amion
- 5. MRI Coordinator: 651-220-6147
- 6. Neuro Interventional Radiology: stroke pager 612-740-2222 (also in United Amion under "Radiology" (NIR 1st call and 2nd call)

Note 2: tPA (Adapted from CHOP and TIPS trial study criteria)

Inclusion Criteria: Age 6-18 years

- Clinical diagnosis of ischemic stroke with onset within 4.5 hours of treatment initiation
- Confirmed restricted diffusion on MRI.
- · Symptoms indicate evolving major disabling stroke

Exclusion Criteria:

- Stroke due to: endocarditis, sickle cell, bilateral Moyamoya
- Stroke or head trauma within past 3 months
- Any prior intracranial hemorrhage which might increase risk recurrenthemorrhage
- · Major surgery within 14 days
- · GI or GU bleeding within previous 21 days
- · Arterial puncture at non-compressible site within 7 days
- Lumbar puncture within 7 days
- · Rapidly improving stroke symptoms
- · CT or SWI MRI with evidence of hemorrhage
- Presentation consistent with acute myocardial infarction (MI) or post-MI pericarditis (requires cardiology evaluation)
- Persistent SBP or DBP ≥ 10 mmHg above the 95%ile for norms
- Platelets < 100,000
- Glucose < 50 or > 400
- INR > 1.7 if on warfarin
- On heparin therapy within 48 hours and with elevated PTT
- Pregnant or lactating female
- CT with evidence of hypodensity and/or effacement of cerebral or cerebellar sulci in > 33% of MCA territory (relative contraindication)

Note 3: tPA administration:

- Total dose 0.9 mg/kg (Max dose 90 mg)
- Administer 10% of the dose as an IV bolus over 5 minutes. Infuse remainder over 1 hour via dedicated IV line
- Hold other anticoagulation x at least 24 hours
- Monitor in ICU at least 48 hours
- · Avoid invasive procedures (e.g. blood draws, catheters, lines, NG placement) x at least 24 hours

INPATIENT GUIDELINE

Inpatient Suspected Stroke: References



≥2 years age

Aim: To standardize evaluation and management of suspected stroke.

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- Ferriero DM, Fullerton HJ, Bernard TJ, Billinghurst L, Daniels SR, DeBaun MR, deVeber G, Ichord RN, Jordan LC, Massicotte P, Meldau J, Roach ES, Smith ER; American Heart Association Stroke Council and Council on Cardiovascular and Stroke Nursing. Management of Stroke in Neonates and Children: A Scientific Statement From the American Heart Association/American Stroke Association. Stroke. 2019 Mar;50(3):e51-e96. doi: 10.1161/STR.000000000000183. PMID: 30686119.

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