Unique Plan Description: ED Code Stroke
Plan Selection Display: ED Code Stroke
PlanType: Medical
Version: 35
Begin Effective Date: 02/03/2026 02/03/2026 16:37
End Effective Date: Current
Available at: ***BHMH***
C A DEAN HOSPIT
EMMC
MERCY HOSPITAL
NL MAINE COAST HOSPITAL
SVH
TAMC - THE AROO

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Plan Comment: INC1728530 - CT Perfusion Brain w/Contrast replaced with CT Cerebral Perfusion w CT/CTA 70472 & CT Cerebral Perfusion wo CT/CTA 70473 - DV

ED Code Stroke
Admit/Dischg/Transfer

☑ Print Supportive Documents for Network Downtime
_SD NIH Stroke Scale
Ischemic Stroke IV Fibrinolytic Checklist(NOTE)*
IV Thrombolytic Therapy Inclusion and Exclusion Criteria for Acute Ischemic Stroke (AIS)(NOTE)*
All Cases to be discussed with Neurology(NOTE)*
Once the stroke type has been determined it is critical to move to the specific PowerPlan for the correct management parameters: * ED Stroke Ischemic with Thrombolytic (Tenecteplase/TNKase) * ED Stroke Ischemic, TIA (NO Thrombolytic) * ED Stroke Hemorrhagic (Intracerebral Hemorrhage)(NOTE)*

Diet

☑ Diet
NPO, No exceptions, NPO until nursing completes the Dysphagia Screen (Includes oral medications)

☑ Dysphagia Screen
If patient passes the screen, advance diet as tolerated to Cardiac Diet.
Comments: If patient fails the screen, patient to remain NPO (Includes oral meds)

Patient Care

NIH Stroke Scale(NOTE)*

☑ Provider Communication
Complete National Institutes of Health Stroke Scale (NIHSS) assessment upon admission and discharge. for any patient with suspected stroke as the initial assessment and prior to thrombolytic administration.

☑ Vital Signs (Frequent)
Every 15 Minutes

☑ Notify If
SBP greater than 185 mmHg or DBP greater than 110 mmHg

☑ Neuro Checks (Frequent)
Every 15 minutes, Notify Provider immediately if neurological deterioration or seizure activity, headache, nausea/vomiting.

☑ ED Telemetry Monitoring
While in ED

☑ IV Placement
20 gauge right antecubital site preferred for imaging

☑ Activity
Bedrest, Head of Bed Elevation flat

☑ Bedside Glucose Monitoring
Stat, Notify Provider of result

Continuous Solutions

☐ Sodium Chloride 0.9% (Bolus Infusion)
1,000 mL, Soln, IVPB, ONCE, Infuse Over: 1 hr

☐ Sodium Chloride 0.9%
Tot Vol: 1,000 mL, Flow Rate: 100 mL/hr, Soln, IV

Medications

Antihypertensives

☐ labetalol
10 mg, Soln, IVP, Every 10 Minute Interval, PRN, Hypertension, HOLD for HR less than 60 bpm or SBP ___ (see comments), 2 Doses/Times
Comments: 1. Keep SBP less than 180 185 mmHg and DBP less than 105 110 mmHg. 2. May increase dose to 20 mg IVP but do not exceed total max dose of 40 mg. 3. Hold for BP less than 140/90 or otherwise indicated by Neurologist. 4. If BP uncontrolled after 2 doses notify provider to obtain IV labetalol infusion order. 5. Post-thrombolytic BP medication order. 6. 5. Infuse over 2 minutes 7. 6. Monitor BP and HR 5 minutes and 10 minutes after administration.

☐ niCARdipine 25 mg in 250 mL NS (Peripheral) Cardene (IVS)*
Sodium Chloride 0.9%
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: 1. Start at 2.5 mg/hr and titrate by 2.5-5 mg/hr increments every 5-15 minutes to keep SBP less than 185 mmHg and DBP less than 110 mmHg; 2. Notify Provider if BP less than 160/80 mmHg; 3. Hold for pulse less than 60 bpm; 4. Max dose = 15 mg/hr;
niCARdipine
25 mg = 10 mL

☐ niCARdipine 20 mg/200 mL NS (Peripheral)
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: 1. Start at 2.5 mg/hr and titrate by 2.5-5 mg/hr increments every 5-15 minutes to keep SBP less than 185 mmHg and DBP less than 110 mmHg; 2. Notify Provider if BP less than 160/80 mmHg; 3. Hold for pulse less than 60 bpm; 4. Max dose = 15 mg/hr;

Platelet Aggregation Inhibitors

Hold anti-platelet & anti-coagulation therapy until cleared after CT brain imaging(NOTE)*

☐ aspirin
325 mg, EC Tablet, PO, Daily (DEF)*
Comments: Start if CT Brain is negative for bleeding, Give Aspirin 300 mg PR if unable to take PO
81 mg, EC Tablet, PO, Daily
Comments: Start if CT Brain is negative for bleeding, Give Aspirin 300 mg PR if unable to take PO
300 mg, Supp, RECTAL, Daily
Comments: Start if CT Brain is negative for bleeding

☐ Plavix
75 mg, Tab, PO, Daily

Laboratory

☑ Hemoglobin A1c w/est Average Glucose
BLOOD, Stat, ED CODE STROKE

☑ Basic Metabolic Panel
BLOOD, Stat, ED CODE STROKE

☑ CBC with Differential
BLOOD, Stat, ED CODE STROKE

☑☐ Fibrinogen Level
BLOOD, Stat, ED CODE STROKE

☐ C-Reactive Protein
BLOOD, Stat, ED CODE STROKE

☐ Sedimentation Rate (ESR)
BLOOD, Stat, ED CODE STROKE

☑ PT (Protime) INR
BLOOD, Stat, ED CODE STROKE

☐ PTT
BLOOD, Stat, ED CODE STROKE

Order Thrombin Time for patients on Pradaxa(NOTE)*

☐ Thrombin Time
BLOOD, Stat, ED CODE STROKE

☑ Troponin-I
BLOOD, Stat, ED CODE STROKE

☑ Troponin I Highly Sensitive Random
BLOOD, Stat, ED CODE STROKE

☑ Troponin T HS (Random)
BLOOD, Stat, ED CODE STROKE

☐ Troponin Protocol(SUB)*

☐ Type and Screen
BLOOD, Stat

☑☐ Urinalysis with Culture if Indicated
Stat

☐ Drug Screen Urine (UDS)
URINE, Stat

☐ Urine Drug Screen Rapid MCH,BH,CAD, Inland
URINE, Stat

☐ Urine Drug Screen Rapid MRUDR
URINE, Stat

☐ Urine Drug Screen Rapid PRUDR
URINE, Stat

☐ Urine Drug Screen Rapid TRUDR
URINE, Stat

AM Labs

☑ Lipid Profile with Reflex
BLOOD, AM Tomorrow, Start: T+1;0545, ONCE, Fasting

Tests/Procedures

☑ CV ECG
Priority Stat, Reason Stroke-Acute, Pt in ED

☐ XR Chest 2 Views 71046
Stat, ED CODE STROKE - Assess for mediastinal widening, possible thrombolytic

☑ XR Chest Portable
Portable, Stat, ED CODE STROKE - Assess for mediastinal widening, possible thrombolytic

Emergent Large Vessel Occlusion(NOTE)*
If any of the following are true, screen for suspected large vessel occlusion (LVO), if not proceed with usual stroke care: - NIHSS greater than or equal to 6; - FAST ED greater than or equal to 4; - Cortical signs; - Patient presents with symptoms of Large Vessel Occlusion(NOTE)*
If ordering CT or CTA, must include symptoms and last known well time in sign/symptoms/duration field of order:(NOTE)*

☑ CT Brain without Contrast 70450
Stat, ED CODE STROKE - Question Acute Stroke, possible thrombolytic
NLEMMC / NLSVH / NLBHH use this CTA order:(NOTE)*

☑ CT CTA Head & Neck 70471
Stretcher, Acute Stroke, Stat
NLMERCY / NLARGH use these CTA orders:(NOTE)*

☐ CT CTA Neck 70498
Stretcher, Acute Stroke, Stat

☐ CT CTA Head 70496
Stretcher, Acute Stroke, Stat

☐ CT Cerebral Perfusion w CT/CTA 70472
Stretcher, Acute Stroke, Expedite

☐ CT Cerebral Perfusion wo CT/CTA 70473
Stretcher, Acute Stroke, Expedite

☐ CT Brain without Contrast 70450
Stretcher, Acute Stroke, Expedite

☐ SP Embolization

☐ MRI Head w/o Contrast 70551
Stretcher, Acute Stroke, Expedite

☐ MRI Head Fast Stroke w/o Contrast
Stat
Between 0 – 4.5 hours of Symptom Onset or Last Known Well (NOTE)*
- Adult patients with Acute Ischemic Stroke (AIS) symptoms presenting within 4.5 hours of Symptom Onset
- OR within 4.5 hours of Last Seen Well(NOTE)*

☐ CT Brain without Contrast 70450
Stat, CODE STROKE - Question Acute Stroke, possible thrombolytic

☐ CT CTA Head & Neck 70471
Stretcher, Acute Stroke, Stat
EMMC Only: IF patient has suspected or confirmed large vessel occlusion (LVO), add CTP(NOTE)*

☐ CT Cerebral Perfusion w CT/CTA 70472
Stretcher, Acute Stroke, Expedite
Between 4.5 – 9 hours of Symptom Onset or Last Known Well or within 9 hours of the sleep midpoint(NOTE)*
- Adult patients with AIS symptoms identified within 9 hours of the midpoint of sleep (EXAMPLE: patient goes to bed at 9 pm and wakes up with stroke symptoms at 5 am, with presentation to ED at 7 am; midpoint is 1 am and is within the 9 hours of midpoint of sleep).
- OR within 9 hours but no exact symptom onset time(NOTE)*

☐ CT Brain without Contrast 70450
Stat, CODE STROKE - Question Acute Stroke, possible thrombolytic

☐ CT CTA Head & Neck 70471
Stretcher, Acute Stroke, Stat

☐ CT Cerebral Perfusion w CT/CTA 70472
CODE STROKE – Question Acute Stroke, possible thrombolytic, Stat
Between 9 – 24 hours of Symptom Onset or Last Known Well(NOTE)*
- Adult patients with AIS symptoms presenting within 9 – 24 hours of Symptom Onset
- OR within 24 hours of Last Seen Well(NOTE)*

☐ CT Brain without Contrast 70450
Stat, CODE STROKE - Question Acute Stroke, possible thrombolytic

☐ CT CTA Head & Neck 70471
Stretcher, Acute Stroke, Stat
EMMC Only: IF patient has suspected or confirmed large vessel occlusion (LVO), add CTP(NOTE)*

☐ CT Cerebral Perfusion w CT/CTA 70472
Stretcher, Acute Stroke, Expedite
Between 0 – 24 hours of Symptom Onset or Last Known Well AND HAS CONTRAINDICATIONS FOR IV THROMBOLYTICS(NOTE)*
- Adult patients presenting with AIS symptoms
- AND cannot receive IV thrombolytics(NOTE)*

☐ CT Brain without Contrast 70450
Stat, CODE STROKE - Question Acute Stroke

☐ CT CTA Head & Neck 70471
Stretcher, Acute Stroke, Stat
EMMC Only: IF patient has suspected or confirmed large vessel occlusion (LVO), add CTP(NOTE)*

☐ CT Cerebral Perfusion w CT/CTA 70472
Stretcher, Acute Stroke, Expedite

Consults

☑ ☐ Physical Therapy Evaluation and Treatment Acute
Strengthening and Mobility, Acute Stroke

☑ ☐ Occupational Therapy Evaluation and Treatment Acute
ADL's, Acute Stroke

☑ Speech Language Pathology Evaluation and Treatment Acute
Cognition/Perception, Acute Stroke (DEF)*
Language, Acute Stroke

Respiratory

☑ Oxygen
Via: Nasal Cannula, Maintain saturation greater than 94%, wean as tolerated

☑ Oxygen.
Via: Nasal Cannula, Maintain saturation greater than 94%, wean as tolerated

☑ Continuous Pulse Oximetry.

☑ Continuous Pulse Oximetry

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*
This order set was last reviewed February 2025(NOTE)*

☑ Stroke Care

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase