Patient arrives in ED with neurologic findings

Assess ABC's and vital signs, provide O2 if hypoxic, obtain IV access and draw blood for labs, order emergent imaging, obtain 12-lead ECG. Activate stroke team.

Completed within 10 minutes of arrival.

Immediate assessment by stroke team to include review of history, establish time of onset, and NIHSS.

Completed within 25 minutes of arrival.

Results of imaging exam and labs reviewed.

Completed within 45 minutes of arrival.
Acute Stroke Triage, Treatment and Transfer Protocol

Neurologic evaluation and CT/MRI consistent with ischemic stroke

- Review fibrinolytic exclusion/inclusion criteria. Initiate therapy within 4.5 hours of symptom onset (within 60 minutes of hospital arrival).
- If no onsite capability for management contact receiving hospital for transfer and arrange EMS.
- Receiving hospital communicates with transferring hospital regarding status.

Neurologic evaluation and CT/MRI consistent with intracranial hemorrhage

- If question of diagnosis contact with either internal or remote pre-arranged expertise.
- If non-hemorrhagic stroke diagnosis utilize thrombolytic protocol.
- Contact receiving hospital for transfer if needed based on previous contact.
- Receiving hospital communicates with transferring hospital regarding status.

Contact receiving hospital (if neurosurgery not available on site) for transfer and arrange EMS.

Receiving hospital communicates with transferring hospital regarding status.