STROKE

Get your attending! Time is brain...

**Approach to Stroke**

1) Determine the Last Known Well
2) Finger Stick Blood Glucose
3) STAT CT Head (Without Contrast)
4) Perform NIHSS Stroke Scale

Alert? (0-3 points)
Oriented? (0-2 points)
Follows Commands? (0-2 points)
Extra Ocular Movements? (0-2 points)
Visual Fields? (0-3 points)
Facial Motor? (0-3 points)
Left Arm Motor? (0-4 points)
Right Arm Motor? (0-4 points)
Left Leg Motor? (0-4 points)
Right Leg Motor? (0-4 points)
Upper Ext or Lower Ext Ataxia? (0-3 points)
Sensory? (0-2 points)
Language? (0-3 points)
Dysarthria? (0-3 points)
Extinction and Inattention? (0-2 points)

5) Give tPA (If No Contraindications)

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**tPA Contraindications**

**Symptom Onset <3 Hours**
- Age <18
- Bleeding on Head CT
- History Consistent with Hemorrhage (Even if CT normal)
- History of Intracranial Hemorrhage
- Persistent SBP >185 or DBP >110
- Known Intracranial AV malformation, neoplasm, or aneurysm
- Active Internal Bleeding or Trauma
- Platelet Count <100,000
- Elevated PTT/PT/INR with Anticoagulant Use
- Non-Compressable Arterial Puncture (within 7 days)
- Head Trauma, Surgery, or Stroke (within 3 months)
- Recent Intracranial/Spinal Surgery
- FSBG <50
- Seizure at Stroke Onset

**Symptom Onset <4.5 Hours**
- All of the Above PLUS
- Age >80
- History of Prior Stroke AND Diabetes
- ANY Anticoagulant Use (even if labs normal)
- Multi-lobar Infarction on CT (>1/3 hemisphere)
- NIHSS >25

*Reference: Tintinallis and mdcalc.com*