Pediatric Patient with Suspected Stroke external to Children’s Mercy (CM) Adele Hall (AH) campus:
- Non-CMH institutions: Call 1-800-GOMERCY
- CM Offsite locations:
  - Call Transfer Center: 1-800-GOMERCY or x51529
  - Identify you are caring for a "suspected stroke" patient
  - Transfer to CM AH campus

**Stroke Screening Evaluation**
I. Is there a focal neurological deficit?
   a. Unilateral weakness or sensory change
   b. Vision loss or double vision
   c. Speech difficulty
   d. Dizziness or trouble walking
II. Did the problem begin or get worse suddenly?
   III. Has the problem been present for less than 5 hours? (When was the child last seen well?)

If Yes to ALL three of the questions above, patient symptoms are concerning for stroke.

**Process coding:**
Yellow: Stroke suspected by ER
Grey: Stroke Alert Activated
Blue: Neuroimaging Protocol enacted by Neurology

**For patients with a Suspected Stroke on a Med-Surg unit at CM AH campus:**
- Call Transfer Center: 1-800-GOMERCY or x51529
- Identify you are caring for a "suspected stroke" patient
- Make patient NPO
- Place two IVs (recommend at least one being a 22G in antecubital vein)
- Obtain: CBCD, BMP, PT, APTT, Fibrinogen, D-Dimer, ESR or CRP,
  Type & Screen, Urine hCG (female > 10 years) or serum beta hCG
  Do not delay imaging to obtain labs or IV access

**Algorithm:**
1. Patients > 24 months presenting to Adele Hall ED with Suspected Stroke
2. Symptoms concerning for stroke based on Stroke Screening Evaluation?
   - Yes
     - ESI-1 or 2
   - No
     - Off guideline continue acute care management
3. Does patient have Sickle Cell disease?
   - Yes
     - Off guideline, see Sickle Cell Stroke CPM
   - No
     - Call Neurology on call regarding initiation of Stroke [Suspected] Powerplan

4. Obtain non-contrast Head CT STAT
5. Is MRI scan safely possible within 60 minutes?
   - Yes
     - Obtain MRI / MRA using EDP Stroke Alert Protocol
   - No
     - Obtain MRI / MRA using EDP Stroke Alert Protocol
6. Patient last seen normal < 4.5 hours?
   - Yes
     - Disposition per Neurology
   - No
     - Obtain CTA head and neck
7. Hemorrhage visualized?
   - Yes
     - Consider: Alteplase IV per discussion with Neurology and transfer to KU* for consideration of clot extraction OR Alteplase intra-arterial by Interventional Neuroradiologist
   - No
     - Obtain CTA head and neck
8. Clot visualized?
   - Yes
     - Consider: Alteplase IV per discussion with Neurology and transfer to KU* for consideration of clot extraction OR Alteplase intra-arterial by Interventional Neuroradiologist
   - No
     - Disposition per Neurology

Algorithm final: 11/14/17