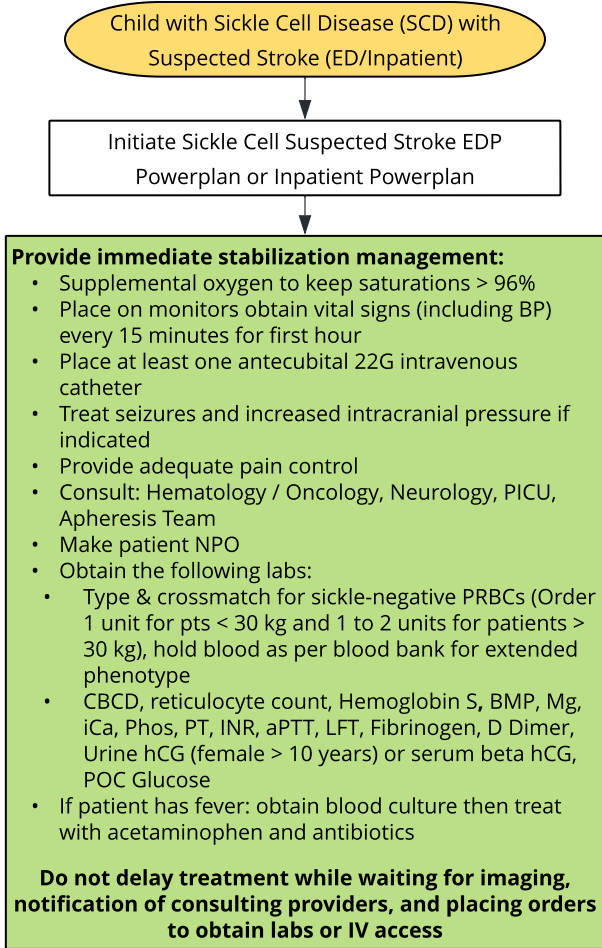


Abbreviations (laboratory & radiology excluded):
pt. = patient

Acute Sickle Stroke Neuroprotective Care

- Head of bed flat: if tolerated and no signs of increased ICP
- Avoid hypotension: bolus PRN with NS 10-20 ml/kg
- Normovolemia: 1/2NS at maintenance or D5 ½ NS if glucose < 100
- Saturations > 96%
- Normothermia: Treat T > 38°C with antipyretics, +/- cooling
- Seizure control: ASAP with any suspected seizure activity. Consider cEEG to monitor subclinical seizures (notify Neurology ASAP for antiseizure prophylaxis).



If patient is known to CM:

- Review Critical Information note and type of Sickle Cell disease (SS and Sβ0 have a higher risk of stroke than SC or Sβ+)

Obtain history of:

- Stroke, TIA, Moya Moya
- Headaches (H/A)
- Nausea or vomiting
- Visual changes
- Weakness
- Loss of coordination
- Numbness and tingling
- Fever
- Syncope
- Seizures
- Recreational or prescribed drug use

Physical exam:

- Baseline mental status with detailed neurologic exam
- Hydration status
- Signs of infection

