

Pediatric Pt with Suspected Stroke external to Children's Mercy 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
- 24 hours?

(When was the child last seen well?)

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

Pts > 24 months presenting to

Adele Hall ED with Suspected Stroke

Suspected Stroke Alert Activation
Process Adele Hall Campus Document

• KU Transfer for Stroke

• Contraindications for tPA

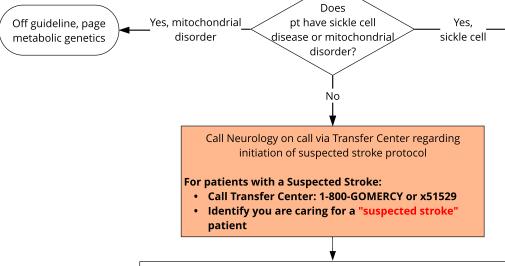
Off guideline, see

Sickle Cell Stroke Pathway

- tPA Administration and Monitoring Guidelines
- Special consideration for cardiac patients (Link to Heart Center Stroke Alert Activation Process)

on **Stroke Screening**No
Off guideline continue acute care management

Evaluation?



Stroke Alert Activated:

 Powerplan: ED: EDP Stroke (Suspected), Inpt: Stroke (Suspected), PICU: Stroke (Suspected)

Symptoms

Yes

ESI triage

classification 1 or 2

- Make patient NPO
- Place two large bore IVs, refer to Radiology Department CT Angiography Guidelines found in the powerplan
- Obtain: CBC with differential, 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

Neuroimaging Protocol enacted by Neurology

Abbreviations (laboratory & radiology excluded):

ESI = Emergency Severity Index

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mobile view

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