

Abbreviations (laboratory & radiology excluded):
 pt. = patient
 CPM = Care Process Model
 ED = Emergency Department
 CM = Children's Mercy
 AH = Adele Hall
 IV = intravenous
 NPO = Nothing by mouth

Pts > 24 months presenting to Adele Hall ED with Suspected Stroke

Symptoms concerning for stroke based on **Stroke Screening Evaluation?**

Pediatric Pt 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.

No → Off guideline continue acute care management

ESI-1 or 2

Does pt. have Sickle Cell disease or mitochondrial disorder?

Yes, mitochondrial disorder → Off guideline, page metabolic genetics

Yes → Off guideline, see Sickle Cell Stroke CPM

No → Call Neurology on call regarding initiation of [Stroke \(Suspected\) Powerplan](#)

Stroke Alert Activated:

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

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

Neuroimaging Protocol enacted by Neurology