



KEY POINTS:

- Perform the C-STAT Stroke Scale on any patient with any neurologic complaint: weakness, numbness/tingling, vision changes, difficulty speaking or swallowing, dizziness (specifically vertigo/spinning), or balance/coordination issues.
- Always document the last known normal (LKN) time: this is the last time seen with normal/baseline neuro function.
 - For “wake up strokes”, document the time awake/found as well as the LKN.
- Always attempt to document contact information for any family/witnesses if possible.
- *Treatment window:*
 - Thrombolytic medication (tPA, TNK, etc.) can be given up to 4.5 hours from onset.
 - For large-vessel occlusion (LVO) strokes, interventional radiology can potentially intervene up to 6 to 24 hours in certain situations.
- For patients in the window for either intervention, they should be transported as quickly as possible to a comprehensive stroke center if possible.
- Treatment of hypertension in stroke patients is generally avoided except in extreme elevations. **If considering anti-hypertensive treatment, first discuss with online medical control.**

THROMBOLYTIC CONTRAINDICATIONS:

Absolute

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (e.g. AVM)
- Known malignant brain tumor
- Ischemic stroke within 3 months
- Significant head injury or intracranial/intraspinal surgery within 3 months
- Active bleeding (e.g. GI bleeding, but not including menstrual bleeding)

Relative

- Severe uncontrolled HTN (SBP >180 or DBP >110 mmHg)
- History of ischemic stroke >3 months
- Prolonged CPR (>10 min)
- Recent internal bleeding (2-4 weeks)
- Noncompressible vascular punctures
- Pregnancy
- Current use of anticoagulants