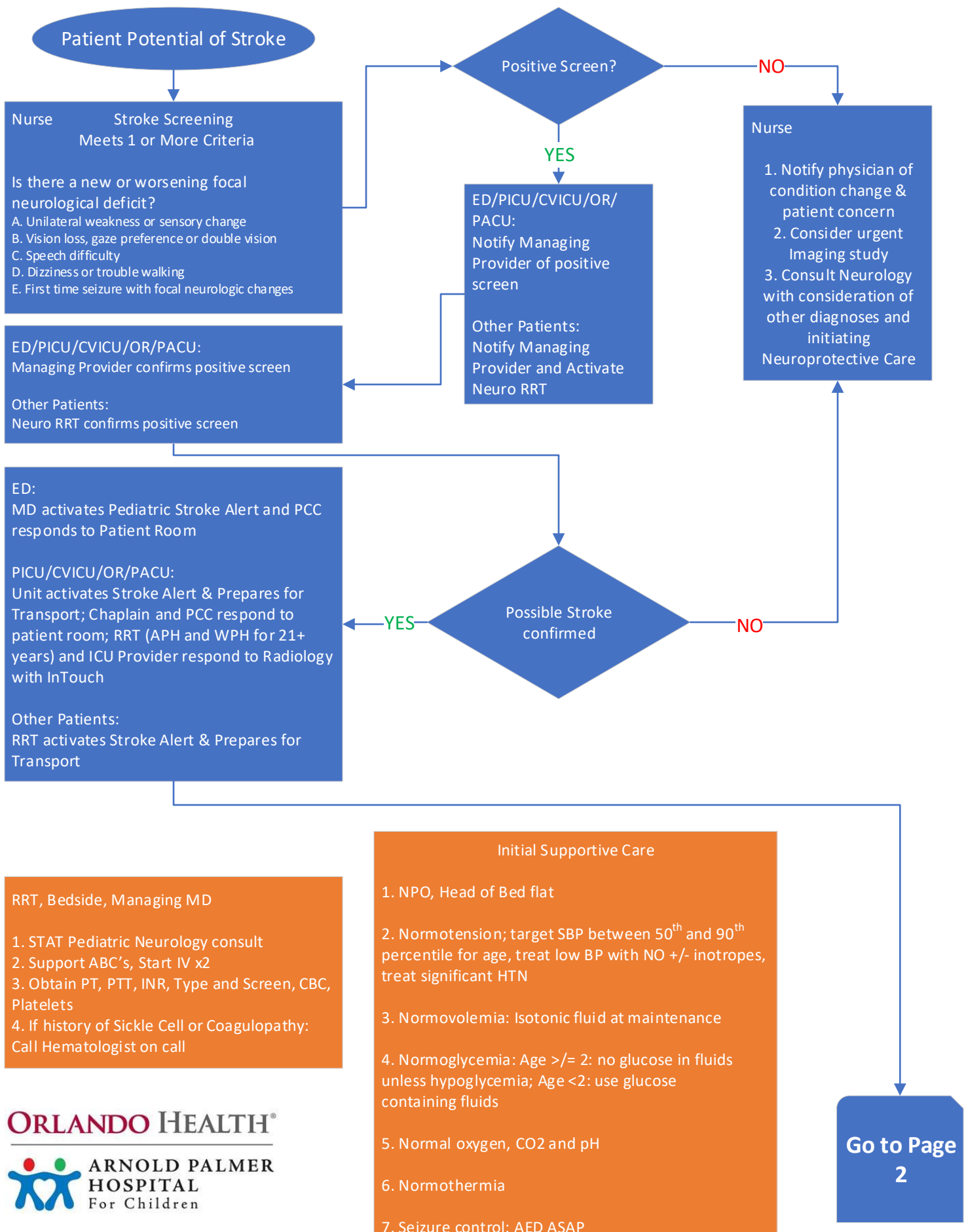


# 1. Arnold Palmer Hospital for Children: Acute Stroke Guideline



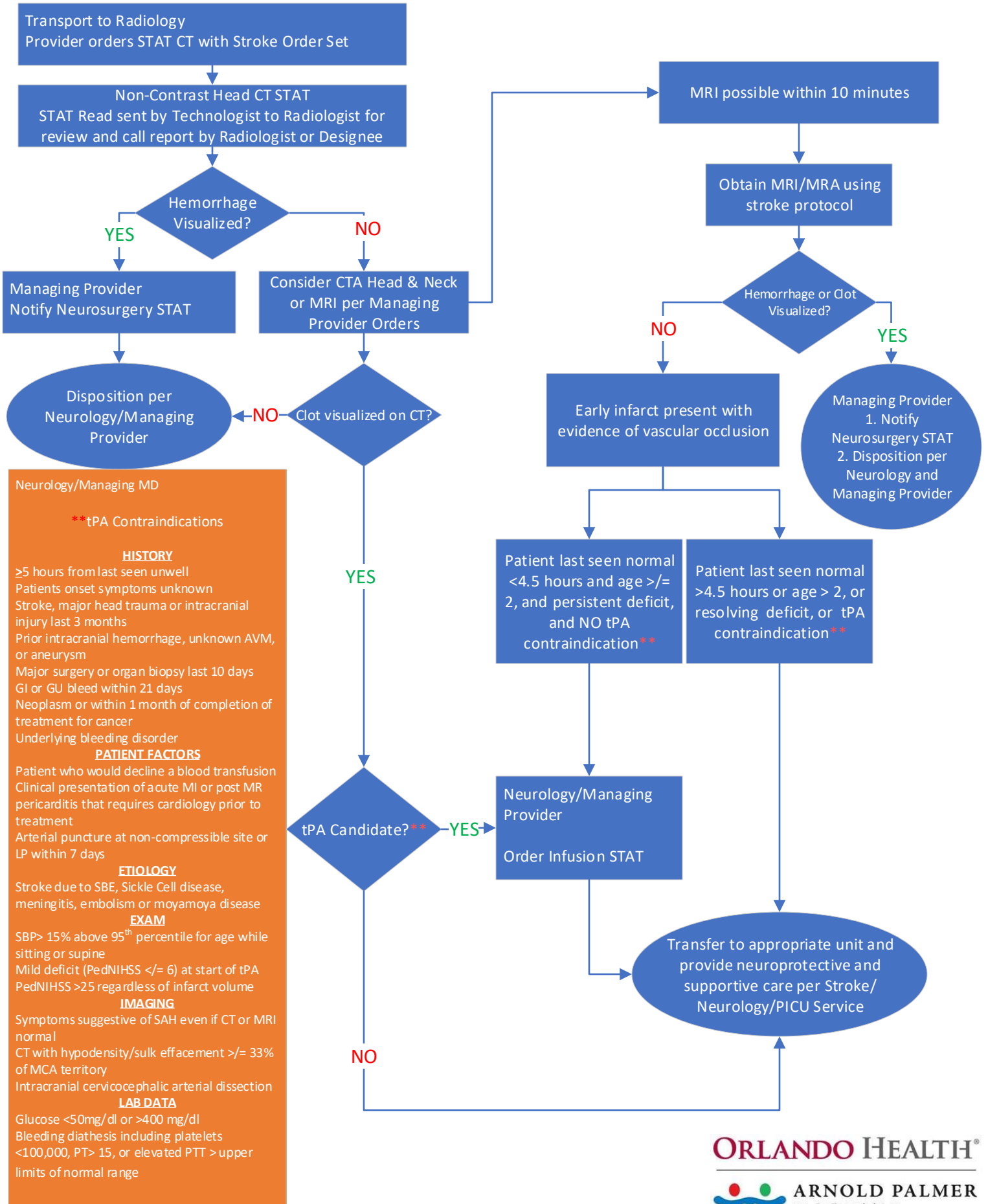
RRT, Bedside, Managing MD

1. STAT Pediatric Neurology consult
2. Support ABC's, Start IV x2
3. Obtain PT, PTT, INR, Type and Screen, CBC, Platelets
4. If history of Sickle Cell or Coagulopathy: Call Hematologist on call

Initial Supportive Care

1. NPO, Head of Bed flat
2. Normotension; target SBP between 50<sup>th</sup> and 90<sup>th</sup> percentile for age, treat low BP with NO +/- inotropes, treat significant HTN
3. Normovolemia: Isotonic fluid at maintenance
4. Normoglycemia: Age >= 2: no glucose in fluids unless hypoglycemia; Age <2: use glucose containing fluids
5. Normal oxygen, CO2 and pH
6. Normothermia
7. Seizure control: AED ASAP

## 2. Arnold Palmer Hospital for Children: Acute Stroke Guideline



Neurology/Managing MD

### \*\*tPA Contraindications

#### HISTORY

≥5 hours from last seen unwell  
 Patients onset symptoms unknown  
 Stroke, major head trauma or intracranial injury last 3 months  
 Prior intracranial hemorrhage, unknown AVM, or aneurysm  
 Major surgery or organ biopsy last 10 days  
 GI or GU bleed within 21 days  
 Neoplasm or within 1 month of completion of treatment for cancer  
 Underlying bleeding disorder

#### PATIENT FACTORS

Patient who would decline a blood transfusion  
 Clinical presentation of acute MI or post MR pericarditis that requires cardiology prior to treatment  
 Arterial puncture at non-compressible site or LP within 7 days

#### ETIOLOGY

Stroke due to SBE, Sickle Cell disease, meningitis, embolism or moyamoya disease

#### EXAM

SBP > 15% above 95<sup>th</sup> percentile for age while sitting or supine  
 Mild deficit (PedNIHSS ≤/ = 6) at start of tPA  
 PedNIHSS >25 regardless of infarct volume

#### IMAGING

Symptoms suggestive of SAH even if CT or MRI normal  
 CT with hypodensity/sulk effacement ≥/ = 33% of MCA territory  
 Intracranial cervicocephalic arterial dissection

#### LAB DATA

Glucose <50mg/dl or >400 mg/dl  
 Bleeding diathesis including platelets <100,000, PT > 15, or elevated PTT > upper limits of normal range

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