DATE	TIME	ORDERS: **Initial Care Suspected Stroke**
		Allergies: Weight in kg:
		Provider:
		Time of arrival: _____ **Date and time of onset of symptoms (last time seen without deficit):** _____ **Announce Code PURPLE (this should be done prior to arrival if EMS has relayed a positive FAST screen)**
		Perform rapid assessment of ABC's Complete vital signs every 15 min; BP every 5 minutes Continuous pulse oximeter; O2 to keep Sat O2 > 94% per _____. Keep patient NPO
		Complete NIH stroke assessment scale Review FAST stroke screen if arriving via EMS NIH score:_____
		Within 15 minutes of arrival: Notify Primary Stroke Center's on-call Stroke Physician and Stroke Coordinator Decatur Memorial Hospital: 1-217-876-3000 Carle Foundation Hospital: PALs Line 1-800-451-4330
		STAT – Within 15 minutes of arrival **1. EKG** **2. Establish TWO peripheral IV access lines.** PIV 1: Run _____ (fluid) @ _____ ml/hr PIV 2: Saline lock for possible tPA administration **3. Lab** CBC CMP Cardiac Enzymes PT and PTT Glucose – fingerstick **4. Radiology** Non contrast CT scan of the head **REPORT ALL RESULTS WITHIN 45 MINUTES**
		Complete Stroke Inclusion/Exclusion Criteria for tPA **Initiate:** Stroke Thrombolytic Therapy order set **OR** Stroke Blood Pressure Management order set **OR** Stroke Intracerebral Hemorrhage order set **OR** Stroke TIA Discharge order set
		Prepare to transfer to accepting Primary Stroke Center unless patient's symptoms spontaneously resolve or patient and family choose comfort measures only. Complete Region 6 forms. **ALL ORDERS MUST BE IMPLEMENTED**

PHYSICIAN SIGNATURE:_____ **Date/Time:**_____

KIRBY HOSPITAL

*****PATIENT LABEL*****