**Acute Stroke ACTIVATION**

If symptom onset less than 12 hours have the ECC (Emergency Communication Center) contact the Stroke Team (pager 12600) immediately and complete the following workup:

*Door to CT < 25 minutes*

*Door to CBC, INR, PTT, BMS results < 45 minutes*

*Door to CXR and 12 lead ECG results < 45 minutes, if indicated*

*Place 18G IV, (2nd 18G IV needed if thrombolysis or angio candidate)*

*GOAL: Door to thrombolytics and/or angiography < 60 minutes*

---

**Time Line** | **Check off** | **EST Wt. (Kg)________________________** | **Start Times**
--- | --- | --- | ---

**0-10 minutes**
- ED Physician evaluate, activate Stroke Team via ECC Communications Center.
- Notify CT of emergent CT without contrast.
- Initiate 18G IV (2 IV’s needed if thrombolysis or angio candidate).
- Obtain and send labs (CBC with diff, INR, PTT, BMS; POC Chem 8, troponin).

**< 25 minutes**
- Complete CT without contrast.

**< 45 minutes**
- Stroke Team Physician review CT & lab results.
- 12 lead EKG completed.
- CXR completed, if clinically indicated.

**< 60 minutes**
- Stroke Team Physician to determine whether IV thrombolytics to be given.
- Stroke Team Physician to determine whether patient to go to angio suite & contacts the INR Attending via the ECC; the INR Attending activates the rest of the INR Team via the ECC.

---

No food, fluid, or medications by mouth until a dysphagia screening has been completed and documented (see Bedside Nurse Swallow Screen, Cog/Neuro section of ED RN Advanced Navigator.
The recommended dose of t-PA for acute ischemic stroke is 0.9 mg/kg (maximum 90 mg) infused over 60 minutes with 10% of the total dose administered as an initial intravenous bolus over 1 minute.

THE DOSE FOR TREATMENT OF ACUTE ISCHEMIC STROKE SHOULD NOT EXCEED 90 MG.

Instructions for dilution and administration

**NOTE:** t-PA to be prescribed and administered only under the direct supervision of the Stroke Team.

The recommended dose of t-PA for acute ischemic stroke is 0.9 mg/kg (maximum 90 mg) infused over 60 minutes with 10% of the total dose administered as an initial intravenous bolus over 1 minute (see t-PA dosing chart).

1. Obtain patient weight (can be estimated weight or stated weight from patient or family member).
2. Calculate dosage using dosing table and patient’s weight.
3. Go to Pyxis in the main nursing station (Pod 1) and obtain Alteplase 100 mg vial of powdered medication, 100 mL sterile diluent, and packaged spike.
4. Spike diluent first, then take powder vial and put on the other end of the spike. Invert and let diluent run in completely.
5. Remove spike. Rotate glass vial **GENTLY** to dissolve medication completely.
6. Using a 10 mL syringe and 18G needle, draw up 10% of total dose to be given as an IV bolus over one minute.
7. Hang remaining dose with vented tubing and infuse over one hour using an IV pump.
8. Monitor dose administration carefully as total dose is weight-based (0.9 mg/kg or a maximum of 90 mg), so not all the liquid in the vial will be administered.