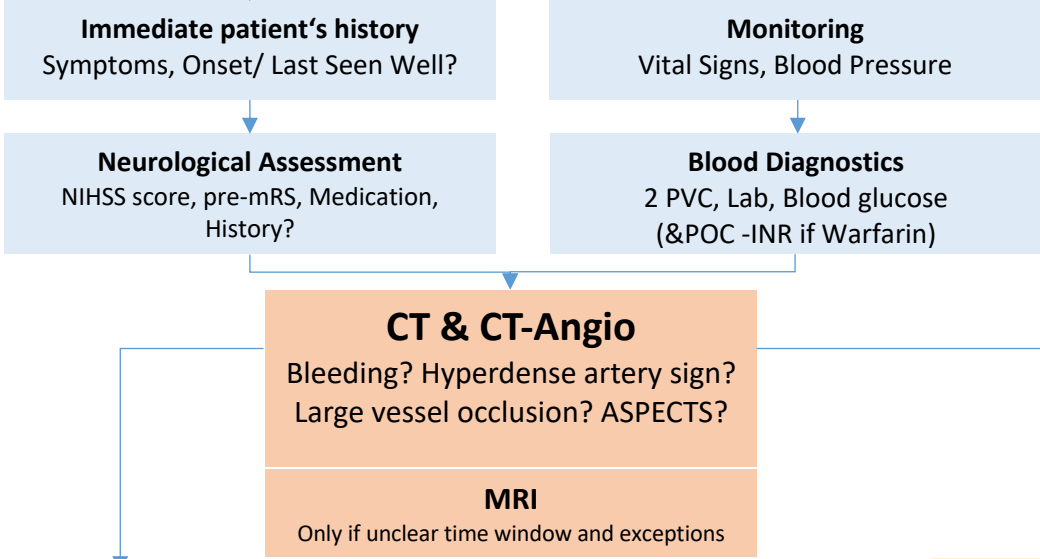


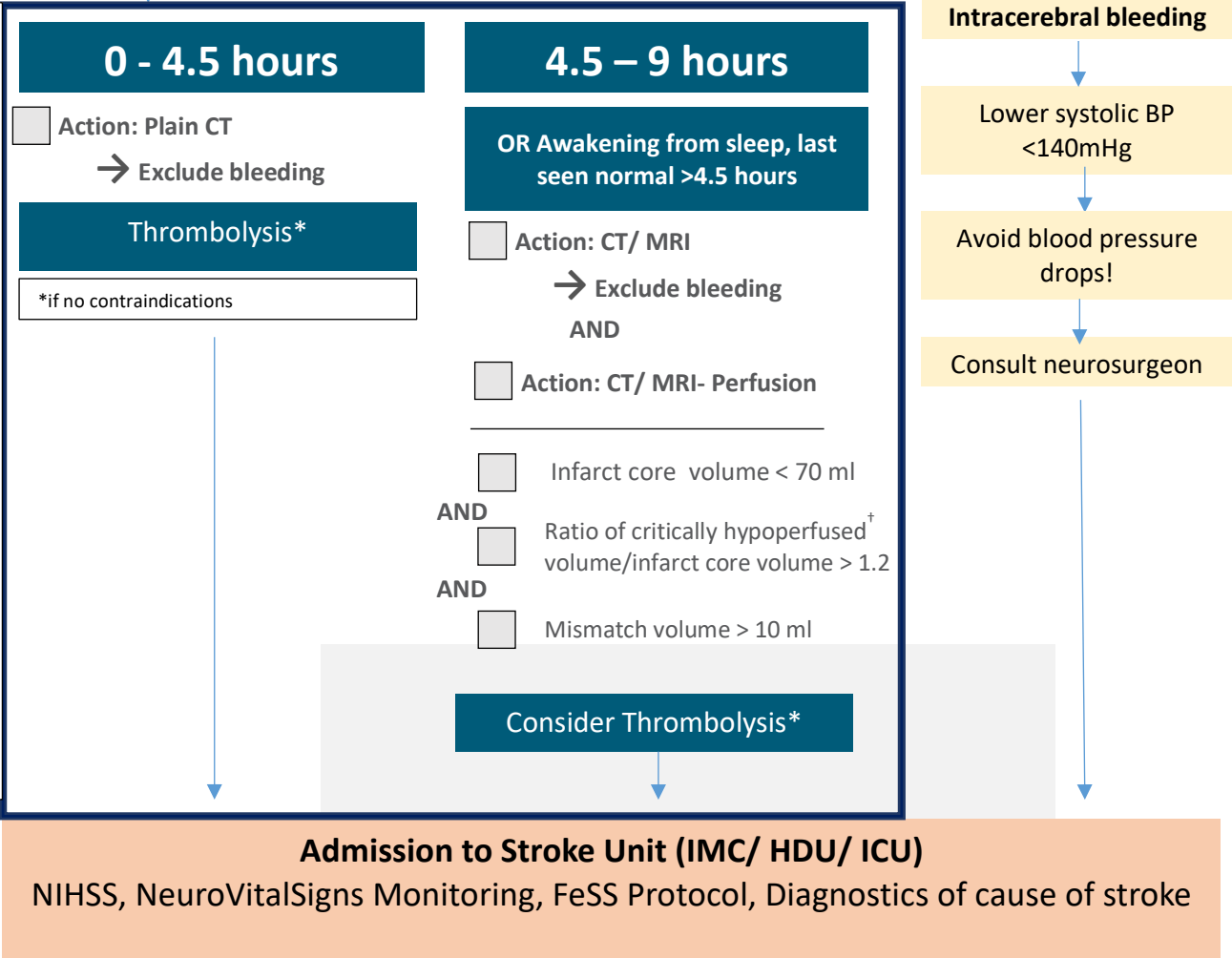
ACUTE MANAGEMENT OF STROKE PATIENTS

Acute onset of neurological deficit (FAST)

30 MINUTES



60 MINUTES



Criteria for thrombectomy:

0 - 6 hours

- Action: Plain CT and CTA
- Exclude bleeding
- Diagnose LVO
- ASPECTS ≥ 6
- NIHSS ≥ 6

6 - 24 hours

- Action: Plain CT and CTA & CT Perfusion
- Exclude bleeding
- Diagnose LVO
- Check Ischemic core and mismatch (DAWN& DEFUSE-3)

POST-ACUTE MANAGEMENT OF STROKE PATIENTS

Admission to Stroke Unit / ICU/ IMC/ HDU

at least 24 hours, recommended: 72 hours

NIHSS Score

After 2, 24 hours and in case of clinical deterioration

Clinically stable

Neurological deterioration

CT after 24 hours (if thrombolysis)

Immediate brain imaging

Vascular imaging

Carotid Doppler, (CT-A/ MR-A/ DSA)
If not performed before

Cardiac diagnostics

ECG >24 hours (Holter)

Echocardiography

TTE

TEE if:

- Suspected endocarditis
- Embolic stroke
- AND age < 60Y

Lab Diagnostics

Order investigations based on likely etiology of stroke:

| | |
|------------------|---------------|
| CBC | TNT |
| Electrolytes | CRP |
| Creatinine, Urea | PTT, INR, TT |
| AST, ALT | HbA1C |
| TSH | Lipid profile |

If cause of stroke is still unknown, investigate other causes of stroke (depending on age, comorbidities and clinical presentation, consider:

- (Infectious) vasculitis
- Genetic stroke syndrome

DVT prophylaxis

Antithrombotic therapy

No thrombolysis/ EVT

Thrombolysis/EVT

Minor stroke **within 24 hours** or High-Risk -TIA?

After excluding hemorrhage on CT (after 24 hours)

No

Yes

SAPT
(Aspirin)

DAPT
(Aspirin & Clopidogrel)

SAPT
(Aspirin)

After 21 days:

SAPT
(Aspirin)

Change to anticoagulation if indicated

Within 24 hours

Physical therapist

Speech-Language-Pathologist

Occupational Therapist

Mobilisation

CONTINUOUS CARDIAC MONITORING
(ECG, spO2, RR) for > 24 hours

Cardiac arrhythmia → call physician

spO2 target: >94% (use O2 if necessary)

SNOBS (after thrombolysis)
(Standardized Nursing Observations for Stroke)

Every 30 minutes (for the first 4 hours)
Every 60 minutes (for the next 6 hours)
Every 2 hours (for the next 14 hours)
Every 4-6 hours (for the next 48 hours)

FeSS-PROTOCOL
(Fever, Sugar, Swallowing)

Every 6 hours for 72 hours

BLOOD GLUCOSE MANAGEMENT

Target <10 mmol/l

3-4/day, discontinue if non-diabetic

Monitor fluid balance

BLOOD PRESSURE MANAGEMENT

ISCHEMIC STROKE

INTRACEREBRAL HEMORRHAGE

No EVT/ thrombolysis

Thrombolysis /EVT

If >220/120mmHg: Careful reduction (15%/24 hours)

<180/105 mmHg
>130 mmHg syst

Target BP <140/100 mmHg

If <220/120mmHg: Careful reduction, target BP: 160/90mmHg

Avoid blood pressure drops!

If target BP is higher than target values for more than 15 minutes:

- Labetolol 10mg i.v. (every 10 minutes)