### Pediatric Hyperacute Ischemic Stroke - Oakland (C) BCH Emergency Department

### **Exclusion critieria**

Patient at outside hospital with symptom onset < 24 hrs (direct to BCHSF)

# <sup>1</sup> New neurologic symptoms: acute

onset of focal deficit within 24 hours with or without seizure or headache. Symptoms may include:

- Face, arm, or leg weakness
- AphasiaAtaxia
- Diplopia · Dysarthria, etc.

### <sup>2</sup> Management plan and imaging

\*Use Apex Order Set "IP/ED Pediatric Hyperacute Stroke Orders" \*

Imaging: Preferred modality by age, but consider availability/speed

Preference if available in timely manner-FOCUSED STROKE MRI/MRA Brain without contrast

If unable to obtain MRI as above - Pediatric CT/CTA Brain/Neck for Stroke If prior cardiac surgery or VAD, default CT/CTA

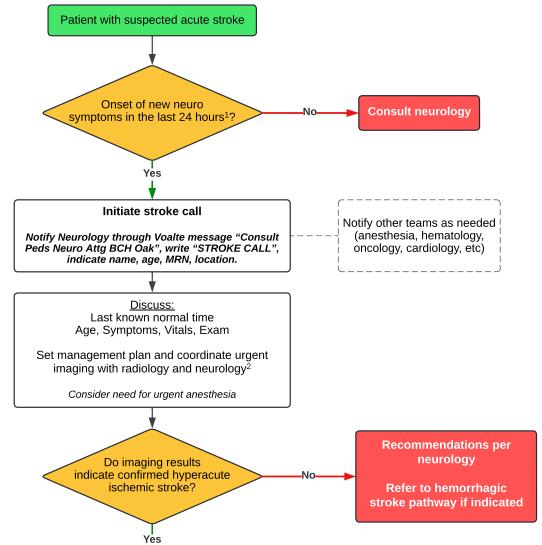
### Management:

- 1. NPO, determine time of last PO intake.
- 2. Weight in kg
- 3. Q15 minute vital signs, CR monitor & pulse ox.
- 4. Airway, ventilation, oxygen supplementation to keep SaO<sub>2</sub> >95%
- 5. Bedrest, head of bed flat. (30 degrees if
- 6. IV access: 18G preferred; 22G ok for <30kg 7. Obtain stat labs: CBC with platelets, PT/PTT, electrolytes, BUN/Cr, glucose, type & screen, urine tox. Include any other labs necessary to determine the etiology of symptoms/stroke as determined by the treating physician in discussion with neurology.
- 8. IVF (normal saline) at 1 to 1.5 times maintenance
- 9. Blood pressure/perfusion: Set goal with Neurology, generally allowing for permissive hypertension. Volume/inotropes/pressors for goal MAP 50% to 95%ile for age, consider increasing by 10% if arteriopathy.

Age (years)	MAP goal
1-3	60-70
4-8	65-75
9-14	70-80
15-18	80-90

- 10. Normoglycemia- Goal 65-100 mg/dl; avoid hyperglycemia (consider insulin therapy if >180)
- 11. Temperature: Goal normothermia <37.5 C. Treat aggressively to prevent hyperthermia.

# UCSF Benioff Children's Hospital



## **Contact Access Center for transfer to Mission** Bay

Document communication of medical decision making with patient/caregiver

- 1) Consider aspirin 3-5 mg/kg/day PO or PR
- 2) Neuroprotective measures: normothermia <37.5 C, euglycemia,
- normonatremia
- 3) Lay head of bed flat 4) Give MIVF: NS @ 1-1.5 x maintenance
- 3) Further recommendations per MB Neurology
- 4) If pt is candidate for intervention, MB to engage Neuro-IR if needed3

### 3 Treatment considerations

Age	IV tPA	Endovascular
≥ 13 y/o	< 4.5hrs	discuss if < 24h
≥1 to < 13 y/o	none	discuss if < 24h
< 1 y/o	none	none

Creation Date: 6/2024

replace clinical judgment.

Version Number: 1.0

Approved by: Rajesh Daftary, MD; Sharon Wietstock, MD Disclaimer: This algorithm serves as a guideline only and should not