KISS HYPER-ACUTE HEMORRHAGIC STROKE ORDERS & TRANSPORT PROTOCOL

STROKE WORKUP

☒ Date / Time patient last known well: _____
☒ Vital Signs: Minimum of every 15 minutes (with continuous O2 and cardiac monitoring)
☒ O2 at 2 liters per nasal cannula: titrate for SpO2 of 94% or greater
☒ **Two peripheral IV's** (18 gauge preferable, one in AC)
☒ Labs: CBC, BMP, PT/INR, PTT, Blood Glucose, Troponin, fibrinogen level, type and cross-match, and pregnancy test (if applicable)
☒ Diagnostic: CT Head Without Contrast (notify radiologist for STAT read); EKG
☒ Get CTA Head if possible
☒ Strict NPO
☒ NIH Stroke Scale Score: _____
☒ Complete tPA Checklist :
☐ Patient meets IV thrombolytic criteria, proceed with orders below. ___Consult with Stroke Specialist obtained
☐ IV Thrombolytic contraindicated due to _____ (cross through orders below)
☒ Weight in kilograms _____
☒ Notify Dispatch / Transport Team
Best Family Member Phone Number – cell _____--_____--_____

BLOOD PRESSURE MANAGEMENT

☒ Monitor BP every 15 minutes. **Keep SBP in range 130-150mmHg or per guidance of transferring provider**

- **Options for hypertension management:**
  - Labetalol 10 mg IVP (may repeat x 1). (Hold for HR < 60)
  - Nicardipine gtt. 5 mg/hr to max of 15 mg/hr
  - Or Antihypertensive agent of your choice

ANTICOAGULATION REVERSAL (IF NEEDED)

☒ Discontinue anticoagulation Therapy immediately

☒ Initiate rapid reversal of anticoagulation as soon as possible

☒ Agents for reversal:

- Heparins
  - **Unfractionated Heparin (UFH):** Administer IV Protamine for reversal
  - **Low Molecular Weight Heparin (LMWH):** Administer IV Protamine for partial reversal
- Factor Xa-Inhibitors or (e.g., Apixaban, Rivaroxaban, Edoxaban)
  - **If Drug taken < 2 hrs prior:** Activated charcoal 50 g
  - **Preferred Reversal Agent:** Andexanet alpha, if available
    - **Alternate if Andexanet unavailable:** 4-Factor Prothrombin complex concentrate (PCC), 25units / kg
- Dabigatran (Direct Thrombin Inhibitor)
  - **If Drug taken < 2 hrs prior:** Activated charcoal 50 g
  - **Preferred Reversal Agent:** Idarucizumab 5 g (*administered as 2 separate 2.5 g doses no more than 15 minutes apart*)
    - **Alternate if Idarucizumab unavailable:** Prothrombin complex concentrate (PCC), 50 units / kg
- Vitamin K Antagonists *(e.g., Warfarin)*
  - **INR 1.3-1.9:** Administer
    - 10-20 IU/kg 4-FactorPCC
    - IV Vitamin K, 10 mg
  - **INR ≥2.0:** Administer…
    - 25-50 IU/kg 4-Factor PCC
    - Administer IV Vitamin K, 10 mg
  - **If 4-Factor PCC Unavailable**: Administer…
    - Fresh Frozen Plasma (FFP)
    - IV Vitamin K, 10 mg

☐ Telephone order from Dr. _____

Nursing signature: _____ Date:_____ Time:_____

Provider Signature:_____ Date:_____ Time:_____

PATIENT IDENTIFICATION

TEMPLATE