

**NINDS
TIME
GOALS**



1 Identify signs of possible stroke

2 Critical EMS assessments and actions

- Support ABCs; give **oxygen** if needed
- Perform prehospital stroke assessment
- Establish time when patient last known normal (*Note:* therapies may be available beyond 3 hours from onset)
- Transport; consider triage to a center with a stroke unit if appropriate; consider bringing a witness, family member, or caregiver
- Alert hospital
- Check glucose if possible

3 Immediate general assessment and stabilization

- Assess ABCs, vital signs
- Provide **oxygen** if hypoxemic
- Obtain IV access and blood samples
- Check glucose; treat if indicated
- Perform neurologic screening assessment
- Activate stroke team
- Order emergent CT scan of brain
- Obtain 12-lead ECG

4 Immediate neurologic assessment by stroke team or designee

- Review patient history
- Establish symptom onset
- Perform neurologic examination (NIH Stroke Scale or Canadian Neurologic Scale)

5 Does CT scan show any hemorrhage?

No Hemorrhage

Hemorrhage

6 Probable acute ischemic stroke; consider fibrinolytic therapy

- Check for fibrinolytic exclusions
- Repeat neurologic exam: are deficits rapidly improving to normal?

7 Consult neurologist or neurosurgeon; consider transfer if not available

8 Patient remains candidate for fibrinolytic therapy?

Not a Candidate

9 Administer aspirin

10 Review risks/benefits with patient and family. If acceptable –

- Give **tPA**
- No anticoagulants or antiplatelet treatment for 24 hours

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- Begin stroke pathway
- Admit to stroke unit if available
- Monitor BP; treat if indicated
- Monitor neurologic status; emergent CT if deterioration
- Monitor blood glucose; treat if needed
- Initiate supportive therapy; treat comorbidities

Goals for Management of Patients with Suspected Stroke Algorithm