**SUSPECTED ACUTE STROKE PATHWAY**

### Inclusion Criteria
- Children is 1 month (corrected age) or older
- Children <1 month of age

### Exclusions Criteria
- Children <1 month of age

### Outside admissions/transfers
- CHMC for suspected stroke
- Call physician's priority line
- Call Communication Center to page on-call neurologist

If tPA is indicated, administration is recommended within 3 hours.

**Acute Stroke Risk Factors**
- Stroke cell disease
- Congenital or acquired heart disease
- Head trauma
- Autoimmune disorders
- Inflammatory bowel disease & systemic conditions such as systemic lupus erythematosus
- Sickle cell disease
- Children ≤ 1 month of age

**Additional Instructions**
- Establish intravascular access (if not already in place)
- Keep normothermic, normoglycemic, and blood pressure within normal limits for age
- Keep NPO
- Do not delay imaging for the following, obtain ASAP:
  - EPOC panel, if clinically indicated
  - Male gender
  - Family history of stroke
  - Multiple congenital anomalies
  - Symptoms consistent with stroke

**Do not delay imaging for the following, obtain ASAP:**
- Labs
- 12-lead ECG
- Serum pregnancy test, in postmenarchal females
- EPOC panel, if clinically indicated
- 12-lead ECG

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- Sickle cell disease
- Children ≤ 1 month of age

**Additional Instructions**
- Manage off pathway Consult Neurology
- Order Stroke Panel - MRI Stroke Brain WO Contrast and MRA Head WO Contrast - STAT include "TIA" on the order indication.

**Stroke Potential Pathway:**
- Order Stroke Panel - MRI Stroke Brain WO Contrast and MRA Head WO Contrast - STAT include "TIA" on the order indication.

**Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard for medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and account individual patient and family circumstances.**

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- Updated 05/2023

**ChildrensOmaha.org/Pathways**

Updated 05/2023