



Endovascular Therapy Order Set Recommendations for Non tPA Hospitals

Order Set shall be used at **non-tPA** hospital on admission to ED and during transfer for all ischemic stroke patients who are potential candidates for Endovascular Thrombectomy Treatment

Recommendations based on the current Canadian Stroke Best Practice Recommendations for Acute Stroke Management Update 2018 (<https://www.strokebestpractices.ca/recommendations/acute-stroke-management>). Always refer to the most current guidelines as they are updated every two years.

Intravenous Therapy	<input checked="" type="checkbox"/> Insert peripheral IV (minimum of 20 gauge)
Diagnostic Imaging	<input checked="" type="checkbox"/> Non-enhanced CT head STAT <input checked="" type="checkbox"/> CTA neck & head (acquired from aortic arch to the vertex) STAT <input checked="" type="checkbox"/> 12 Lead EKG (if time permits)
Lab Investigation	<input checked="" type="checkbox"/> Blood glucose concentration upon arrival to ED <input checked="" type="checkbox"/> CBC, electrolytes, urea, creatinine, troponin, INR, PTT, glucose, BHCG (if indicated)
Vitals & Monitoring	<input checked="" type="checkbox"/> Canadian Neurological Scale (CNS) and vital signs q15 minutes x 1 hour, then q30 min and prn <input checked="" type="checkbox"/> Notify MRP if: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CNS score decreases by greater than 1 point in ED notify MRP <input checked="" type="checkbox"/> New acute or worsening headache, new hypertension, nausea, vomiting, or seizures <input checked="" type="checkbox"/> Continuous cardiac monitoring <input checked="" type="checkbox"/> Continuous SpO2 monitoring
Blood Pressure Management	<p>Extreme blood pressure elevation SBP >220mmHg or DBP >120mmHg should be treated to reduce the blood pressure by approximately 15%, and not more than 25% over the first 24 hours with further gradual reduction thereafter to targets for long-term secondary stroke prevention</p> <p>Avoid rapid or excessive lowering of blood pressure because this might exacerbate existing ischemia or might induce ischemia.</p> <p>****This section to be developed in collaboration with local pharmacy and physician input.</p>
Nutrition	<input checked="" type="checkbox"/> NPO
Continance	The use of chronic indwelling urethral catheters should generally be avoided due to the risk of urinary tract infections