

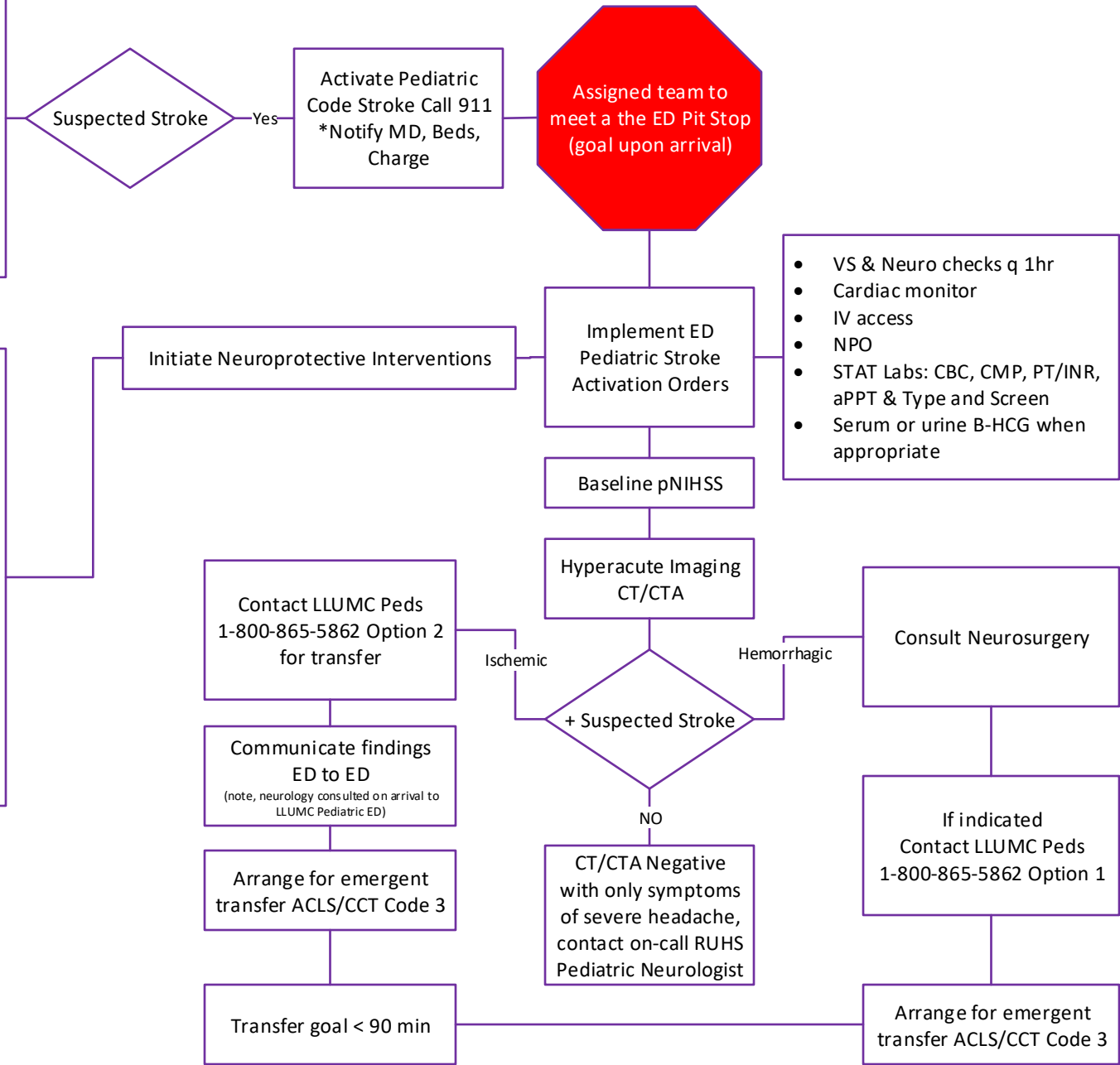
# RUHS Pediatric Stroke Protocol

**Suspect Stroke (1 mon-17 years old)**

- Sudden onset of focal deficits
- Transient or persistent neurological deficits
  - S- severe headache
  - U- unilateral weakness or sensory change
  - D- difficulty with speech (slurred or aphasic)
  - D- dizziness (ataxia) uncoordinated on one side
  - E- eyes (vision loss or double vision)
  - N- new onset seizures, with persistent unilateral focal deficits.
- Last known well time < 24 hours

**Interventions**

- Support ABCs
- Maintain O2 > 94%
- POC Glucose goal 140-180 mg/dL
- Treat hypoglycemia < 60 mg/dL
- Position HOB > 30 degrees (ICH)
- Normotensive for age (goal SBP 50-90<sup>th</sup> percentile)
- 10 mg/kg for SBP < 50<sup>th</sup> percentile
- Normovolemia:
  - > 2 yrs. of age, isotonic fluid (0.9% NaCl), no glucose in IV fluids unless hypoglycemic
  - < 2 yrs. of age, use glucose containing fluids (D5 0.9% NaCl)
- Seizure management ASAP if indicated
- Address hyperthermia with Tylenol if indicated



**References**

Ferriero, D MD, et al. Management of Stroke in Neonates and Children. A Scientific Statement from the American Heart Association/American Heart Association. *Stroke* 2019.

Note: This guideline is intended to facilitate the care of infants and children with acute arterial ischemic stroke, with the understanding that therapy should be tailored by the treating physician(s) to meet the patient's individual needs

Reviewed and Approved 06/15/22