

# MaineHealth PEDIATRIC SUSPECTED STROKE PATHWAY

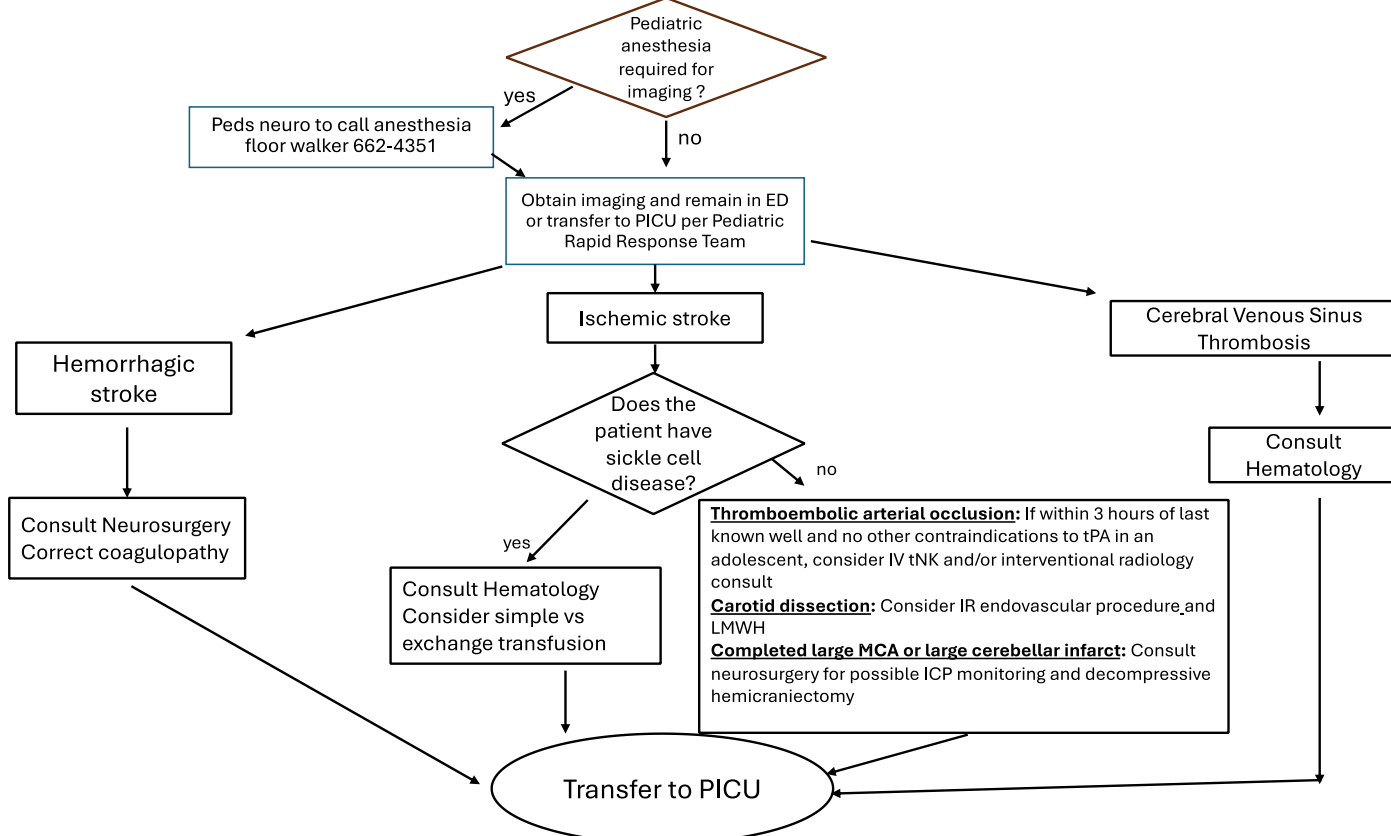
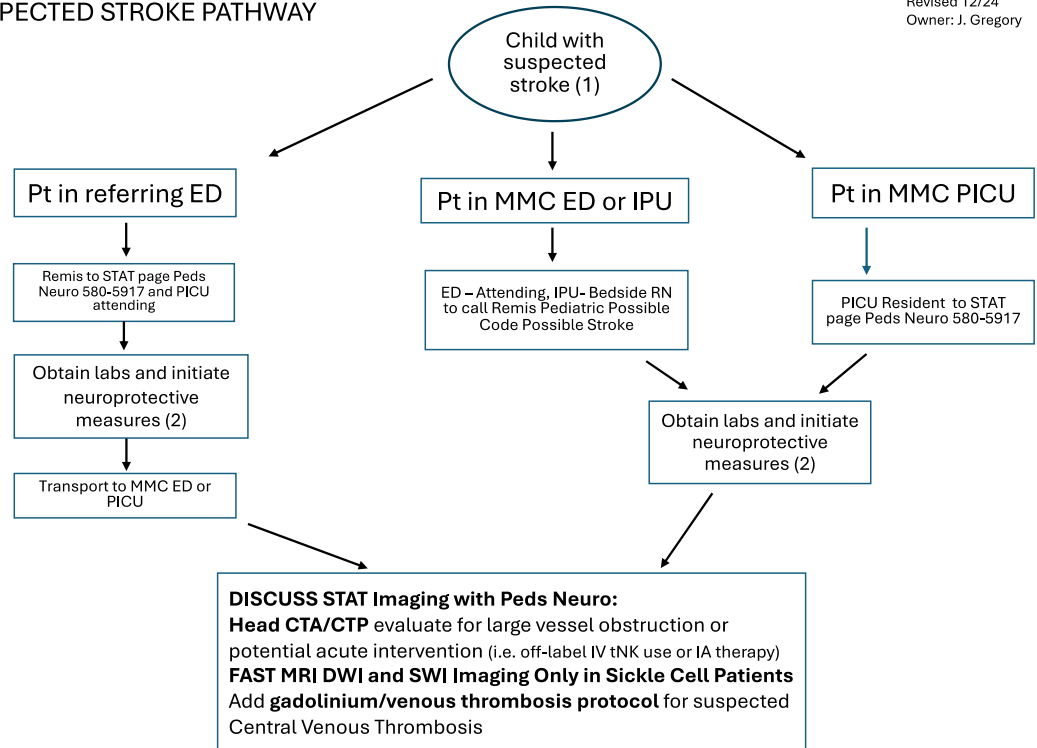
Revised 12/24  
Owner: J. Gregory

**(1) CLINICAL PRESENTATION:** A pediatric patient (age < 18 years old) with focal neurologic deficit including any of the following:

- Lower face weakness, unilateral extremity weakness
- Lethargy, persistent mental status change, or acute loss of consciousness
- Aphasia or dysarthria
- Severe headache
- Seizure with focal weakness
- Focal sensory disturbance such as numbness
- Acute ataxia

**HISTORICAL RISK FACTORS FOR PEDIATRIC STROKE:**

- History of congenital heart disease
- Sickle cell disease
- Diabetes
- Trauma
- Recent viral infection
- Hypercoagulable disorder
- Dehydration
- Malignancy
- Metabolic disorder (MELAS or other)



## (2) Neuroprotective Measures

- Place on telemetry, continuous pulse ox, BP q 30 minutes
- Maintain normal temperature, measure q 2 hours
- Maintain normal BP
- Place IV, start NS @ maintenance. Add dextrose for patients < 1 yo
- Maintain O2 saturations > 95%
- Neuro check Q 1 hour
- Maintain normal glucose, check POC glucose on admission and q2 hour
- Treat seizures
- Make NPO
- If CSVT or hemorrhage, HOB 30 degrees
- If ischemic stroke, HOB flat

## Initial Labs

POC glucose  
CBC with diff  
PT/PTT/INR  
BMP  
Consider HCG

If patient has sickle cell disease:  
Type and Screen  
Reticulocyte Count  
Hgb electrophoresis (% sickle)

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