

UW Medicine | VALLEY MEDICAL CENTER

Ambulatory Care Pathway: Acute Stroke Management

Patient presents with Stroke like symptoms

- Speech changes (dysarthria/aphasia)
- Vision changes (diplopia/field cut)
- Unilateral Weakness/Numbness (hemiparesis/facial droop/hemianesthesia)
- Change in mental status/disorientation
- Problem walking/imbalance (sudden)
- Severe headache

Epic Tools

✓ Smartset: GEN Stroke CPG VMG

Symptom Onset?

> 1 week and stable

Complete Outpatient Workup

< 1 week, or > 1 week and unstable (Ex: Hypertensive emergency, arrhythmias, worsening symptoms)

Send to ED

< 24 hours

Call 911

Outpatient workup

1. Neuroimaging:
 - MRI Brain without contrast (If contraindicated, then non-contrast head CT)
2. Vessel Imaging: One of the following
 - MRA Head Carotid with and without contrast (if pt can be still and no CKD) OR
 - CTA head/neck (If MRA is not possible and if GFR > 45) OR
 - Carotid Ultrasound transcranial doppler (If other studies are contraindicated)
3. Cardiovascular Workup: EKG, TTE (with bubble study if patient < 60)
4. Lab Workup: Lipids, HbA1c, CBC, TSH, CMP, U/A

Confirmed stroke/TIA?

Yes

Carotid stenosis > 60% or hemorrhage suspected or waxing and waning neurological symptoms?

No

Yes

STAT Stroke Clinic Referral (REF46A)

- First follow up appointment within 1 week if possible (otherwise 1-2 weeks)
- Ensures appropriate referral and timing to vascular, neurosurgery, neurointervention

Confirmed stroke/TIA?

Yes

Refer to Stroke Follow Up Ambulatory Care Pathway

MRI Access: STAT MRI/MRAs seen same day if authorization in place. Routine MRI/MRA scheduled within 3-5 days if authorization in place

CT Access: STAT CTs are generally done same day if authorization in place. Routine CTA of head and neck could be a week-10 days