Inclusion/Exclusion Criteria

Admission Criteria:

1. Age ≥ 18
2. Ischemic stroke s/p IV tPA
3. Acute stroke symptom onset < 24 hours

Exclusion Criteria:

1. NIHSS score > 25
2. Complete MCA territory infarction
3. Acute Basilar Artery thrombosis
4. Large cerebellar infarction
5. Patients requiring or at high risk of requiring osmotic therapy for cerebral edema
   ○ 3% NaCl up to 30 cc/hr for the treatment of hyponatremia is permissible
6. Patients who receive IV tPA for an in-house stroke
7. Evidence of early hemorrhagic conversion of ischemic infarct s/p IV tPA
8. Presence of ICH, IVH, SAH, SDH, EDH on any imaging modality
9. Hemodynamic instability:
   ○ Patient requiring continuous IV drip for BP or HR control
   ○ Patient requiring continuous IV drip for BP augmentation for persistent hypotension despite IVF, for BP-dependent exam, or for underperfused territory
10. Presence of Acute MI
11. Patient at risk of impending respiratory failure:
    ○ Impaired consciousness, evidence of aspiration event, unable to manage secretions, frequent suction requirements (> q 2 hours)
12. Patient s/p intra-arterial procedure
The ASCU Triage and Responding Clinicians Work Flow

1. Are any Exclusion Criteria for ASCU admission (Lunder 7) present?
   - Yes: Admit to NICU
   - No: Are all Inclusion Criteria present for ASCU admission (Lunder 7)?
     - Yes: Admit to ASCU
     - No: Any other concerns?

   - RNs → page responding MD (CMF Junior Resident), or CMF Senior
   - Residents → page Acute Stroke Fellow (21723) or Attending (34001)
   - Fellows → page Acute Stroke Attending (34001)
   - PT/OT/SLP → call patient RN or Lunder 7 Clinical Nurse Specialist
MGH Acute Stroke Care Unit Admission Algorithm & Timeline

**ED Work up:**
- Initial stroke imaging (CT, CTA, MRA, MRA)
- IAP administered

Acute Stroke Fellow/Staff determine eligibility (exclusion criteria) for ASCU

Patient Admitted to ASCU (Ladder 7)

**ASCU Day 1 Work up:**
- RN completes checklist
- Resident completes post-IAP POE orders including:
  - IAP precautions and intensive BF monitoring
  - Electrocardiogram ordered & performed
  - Heparin ordered
  - Poststroke ward sent eLABs, Total Cholesterol, LDL, HbA1c, Troponin, ESR, CRP, TSH, Hepatitis panel
  - Chest X-ray (mechanical ventilation)
- Consultations requested: PT/PTGSLP
- Completed post-IAP monitoring (at 24 hours post-IAP)
- 24H head CT obtained

**ASCU Day 2 work up:**
- IAP discontinued (at 24 hours post-IAP)
- Continuous telemetry discontinued
- Poststroke meds returned and reviewed
- Antiplatelet/anticoagulant as needed
- Pharmacologic DVT prophylaxis started
- Antiplatelet/anticoagulant started as needed
- Cerebrovascular radiology imaging reviewed
- Complete post-stroke labs returned and reviewed
- Echocardiogram results reviewed
- Heparin completed and removed
- Rehab screening completed & placement determined if needed
- Patient and family counseled on results

**Consultations:**
- Nutrition (as needed)
- PT/PTGSLP (evaluations, recommendations provided)

Secondary prevention strategies implemented

Follow-up arranged in stroke clinic

**ASCU Day 3 work up:**
- Complete post-stroke labs returned and reviewed
- Echocardiogram results reviewed
- Heparin completed and removed
- Rehab screening completed and placement determined as needed
- Patient and LAR counseled on results

Consultations requested:
- Nutrition (as needed)
- PT/PTGSLP re-evaluation performed as needed
- Rehab screening performed as needed

Secondary prevention strategies implemented

Follow-up arranged in stroke clinic

Patient discharged

0 - 24 Hours

24 - 48 Hours

48 - 72 Hours

U.1 (approved October 2013)