Stroke, Sickle Cell ED/Inpatient

Associated Power Plan: EDP Sickle Cell Stroke (Suspected)

Children's Mercy KANSAS CITY | Evidence Based Practice

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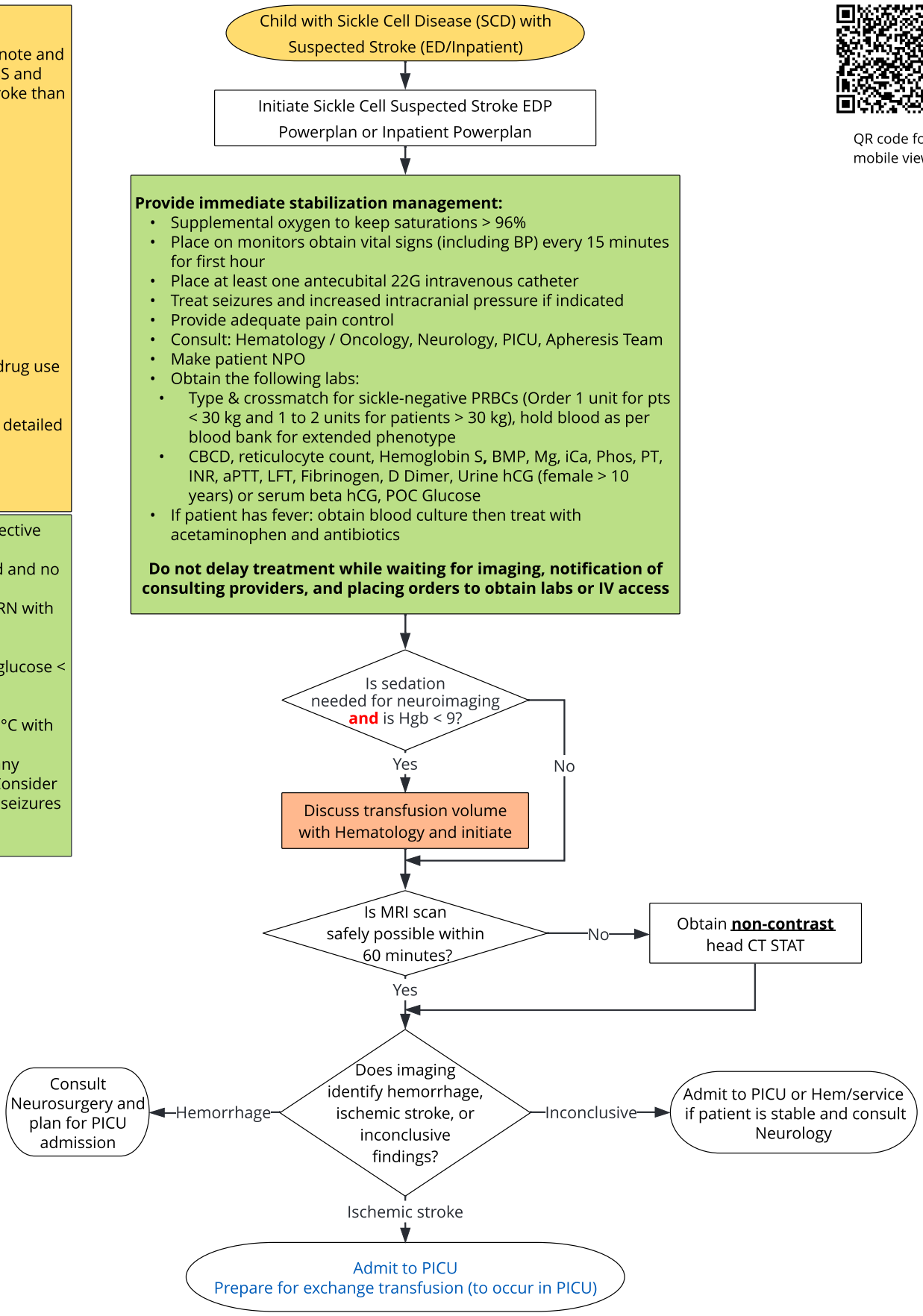
<u>If patient is known to CM:</u>
- Review Critical Information note and type of Sickle Cell disease (SS and Sβ0 have a higher risk of stroke than SC or Sβ+)

Obtain history of:
- Stroke, TIA, Moya Moya
- Headaches (H/A)
- Nausea or vomiting
- Visual changes
- Weakness
- Loss of coordination
- Numbness and tingling
- Fever
- Syncope
- Seizures
- Recreational or prescribed drug use

Physical exam:
- Baseline mental status with detailed neurologic exam
- Hydration status
- Signs of infection

Acute Sickle Stroke Neuroprotective Care
- Head of bed flat: if tolerated and no signs of increased ICP
- Avoid hypotension: bolus PRN with NS 10-20 ml/kg
- Normovolemia: 1/2NS at maintenance or D5 ½ NS if glucose < 100
- Saturations > 96%
- Normothermia: Treat T > 38°C with antipyretics, +/- cooling
- Seizure control: ASAP with any suspected seizure activity. Consider cEEG to monitor subclinical seizures (notify Neurology ASAP for antiseizure prophylaxis).



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This care process model/clinical practice guideline is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.