



**Montana Stroke Initiative Acute Stroke Care Plan**  
**Rural & Frontier Hospitals**

Time	Actions	Quality Measures
20-30"	Patient Arrival	<input type="checkbox"/> Private <input type="checkbox"/> EMS <input type="checkbox"/> Prehospital Screen
	Provider Assessment	
	1. ABCs/ Vitals	Vitals including wt. completed Y/N
	2. History Onset/ Time Last Seen Normal _____	Onset or last seen normal time noted Y/N
	3. Warfarin / Antiplatelet <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-coagulation history noted Y/N
	4. General Exam	
	5. Perform mNIHSS	mNIHSS completed Y/N
Initial Care		
1. O2 Sat>92%		
2. Keep NPO	NPO noted Y/N	
3. Initiate BP Protocol		
4. Treat Temp >99.5		
Diagnostics		
1. Labs: CBC, PTT, PT/ INR, Lytes, Glucose	Labs completed Y/N	
2. EKG	EKG completed Y/N	
3. CT Performed Stat	Time to CT (and results received) <45 minutes Y/N	
Level of Care		
Does patient/family desire aggressive treatment/resuscitation efforts?	Discussed treatment options including t-PA Y/N	
Disposition Decision		
1. Treatment Candidate	Admitted / Transferred	
2. Transfer Patient	t-PA considered in those onset < 3hrs Y/N	
3. Admit Patient	If yes, t-PA treated Y/N	