Role of Stroke Alert in the PACU

Stroke alerts allow for quick intervention if a stroke is suspected. The main goal of the stroke alert is to deliver thrombolytic therapy (IV tissue plasminogen activator) within a certain time frame once a noncontrast CT scan has ruled out hemorrhage.

A stroke alert is not always fully applicable in PACU because:

- Most perioperative neurologic events are due to global cerebral ischemia and not a focal thromboembolic event
- Focal deficits may be from hypotension alone and not thromboembolism – "watershed stroke"
- IV tPA is contraindicated after most surgeries

Despite of these reasons, we should still call a stroke alert if a **focal** deficit is suspected because:

- A hemorrhagic event must still be ruled out (calling the alert gets the patient into CT quicker)
- IV tPA can still be administered after some surgeries
- If IV tPA is contraindicated, the patient can be transferred to UH for an endovascular intervention if a larger vessel is involved. There can be benefit if this is done as late as 16 hours post-event

Supportive treatment of suspected stroke patient:

- Intubation if needed for airway protection
- Avoid SBP < 130
- Do not treat HTN unless it is severe
- Normalize glucose
- Treat hyperthermia