Paediatric Stroke – Emergency management in children - QCH Code Stroke Activation

This document forms part of the statewide guideline for Paediatric Stroke – Emergency management in children

QCH Internal Workflow for Code Stroke Activation

Child with SUDDEN or STUTTERING onset of symptoms/signs consistent with potential stroke

- Focal Weakness
- Visual Disturbance
- Speech/Language Disturbance
- Limb Incoordination or ataxia
- Spatial Neglect
- New onset seizures associated with persistent neurological signs or symptoms
- Headache with other neurological signs or symptoms
- Thunderclap Headache - severe headache of sudden onset where the time to maximal symptoms occurs over seconds to minutes
- Altered mental state
- Signs of raised intracranial pressure - ICP - (vomiting, altered mental state, headache - which may be associated with hypertension, bradycardia, irregular respiration)

This flowchart DOES NOT apply if the symptoms/signs are secondary to major trauma to the head or spine - normal trauma protocols should be followed

Inpatient on the ward:
MET/Code Blue activated via 555

Presents to ED:
Triage ATS 1 or 2

ED/MET Medical Assessment determines if Ischaemic Stroke suspected

NOTE: Haemorrhagic Stroke is more likely if there is history of sudden collapse, loss of consciousness, pupillary abn, signs of raised ICP and/or brain herniation - this is a neurosurgical emergency

Urgent discussion: Consultant Paediatric Neurologist at QCH - determines if "Code Stroke" activated

Code Stroke Activated via 555 - detailing ward and bed

ED/MET perform tasks detailed in Clinical Pathway

- Accurate weight
- Essential Phone Calls and Paperwork
- Cannulation - min 22G, lge vein for contrast
- Transport to MRI

Order Investigations
- FBC, Chem20, Coagulation Profile, clottable fibrinogen, group and save
- MRI with MRA brain - code stroke protocol

Provide Neuroprotection
- continuous ECG, Sats, HR
- 15min BP, neuro obs
- head of bed flat
- treat hypotension
- treat hypoglycaemia <3.0
- if T >37.5 - panadol
- monitor for seizures and treat
- advise neurologist of seizures ASAP

Responsibilities of Other QCH Code Stroke Team Members

Consultant Neurologist (or delegate where appropriate)
- communicate with Inpatient Consultant/Cardiology/Cardiac Surgery if child is a patient of these teams
- assess eligibility/contraindications (including blood results)
- PEDNIHSS
- attend MRI reporting
- decision to treat, advise PICU of same and consent
- inform Neurosurgery

MR Radiographer
- allocate scanner and advise radiologist and ward/treating team
- MR safety checklist

Radiologist - report images in real time and discuss with Neurologist

PICU Registrar
- attend bedside and obtain accurate weight and clinical update of patient
- notify PICU consultant and nursing leadership

PICU
- make bed available
- prescribe and make preparations ready to give Alteplase

Nurse Manager and Safety CNC
- call in additional ORS if required
- assist teams to perform requirements of code stroke

Social Work - assist family with psychosocial support

Porter - assist with patient preparation and transport

Anaesthetic Team - provide Cat 1 priority anaesthetic as required