Stroke Guidelines Flowchart
(Hospital Day #1 – Initial 24h after stroke onset)

- Confirm presumed pathophysiological diagnosis (according to TOAST criteria)
  - Pathophysiology
    - Large artery
    - Cardioembolic
    - Lacunar
    - Other
    - Cryptogenic
    - Not stroke (tumor, infection, etc.)

- Conduct diagnostic tests
  - Intracranial CTA and CT Perfusion
  - MRI w/ DWI/PWI & intracranial MRA (if not done)
  - Neck CTA or MRA (if high suspicion for ICA or basilar occlusion)
  - Ultrasound (carotid or TCD, if MRA or CTA were not done)
  - Neck MRA w/ fat suppressed images, if high suspicion for dissection
  - Angiogram (stroke team will determine the need for angiogram)
  - Cardiac echocardiogram (TTE or TEE)
  - Telemetry (48-72h)
  - Hypercoagulable work up (in selected patients)
  - Lumbar puncture (in selected patients)

- Initiate treatment for acute/recurrent stroke
  - Antiplatelets
  - Anticoagulation
  - Statins
  - ACE inhibitors
  - Risk factor identification & modification
    - Smoking
    - HTN
    - DM
    - High cholesterol
    - ETOH
    - Obesity
    - Sedentary life style
    - Other (e.g. drug use)

- Order consults
  - NPO (including medications) until Dyspagia Screening completed by nursing or MD.
    - Speech and Swallow consult if patient fails screening.
  - PT/OT evaluation
  - Social Service Consult (if needed) and discharge planning