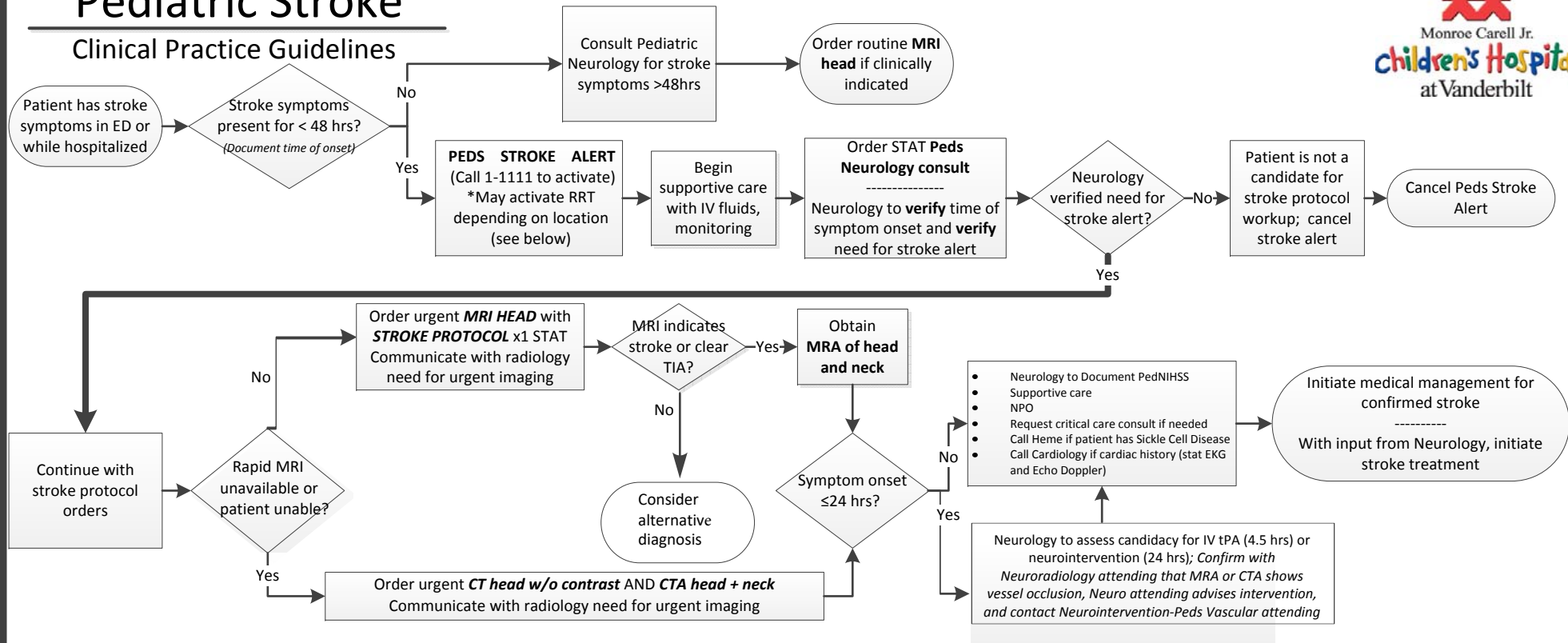


Pediatric Stroke

Clinical Practice Guidelines



This pathway is intended to evaluate children with acute stroke-like symptoms where rapid diagnosis and supportive care are thought to improve neurological outcome. There are many stroke “mimics” that are potentially serious neurological disorders including: meningitis, encephalitis, demyelinating disorders, brain tumors, etc. More common mimics including migraine, focal seizure with Todd’s paralysis, etc. Continue to consider these conditions as you evaluate the patient.

Inclusion Criteria

This clinical pathway is designed for children with symptoms of acute stroke present for < 48 hours who present to the ED or when stroke is acutely suspected in the hospital. Children with suspected transient ischemic attack (TIA) should also have this rapid evaluation.

Exclusion Criteria

- Neonates (see NeuroNICU pathway) and children with stroke symptoms for > 48 hours.
- If a child has stroke-like symptoms in the clinic, transfer immediately to the Peds ED. Do not perform an acute stroke evaluation from clinic.

Care Teams & Warnings

- ***Activate the Rapid Response Team AND a Pediatric Stroke alert if the suspected stroke occurs while hospitalized and not already in the ICU or ED.**
- Children with hemorrhagic stroke or large ischemic strokes are at risk for increased intracranial pressure.
- When at all possible, try to avoid sedation. If required, primary team evaluates for moderate sedation, discusses feasibility with neuro. Neuro faculty will then discuss with Anesthesia faculty as needed.
- Supportive care: NPO, maintenance IV fluids 0.9% NS (with D5 if <2 yrs) HOB flat, normotension, normoglycemia, normothermia. Treat seizures if they occur.

REFERENCES

- Ferriero D.M. et al. (2019). Management of Stroke in Neonates and Children A Scientific Statement From the American Heart/Stroke Association. 50(3), e51-e96.
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- Powers W.J. et al. 2018 guidelines for the early management of patients with acute ischemic stroke. 49(3):e46-e110.