Inpatient Acute Stroke Alert Pathway

RN/Clinical Staff suspects stroke symptoms in an inpatient

RN calls **662-2345, option 1 (for medical emergency**) and states "**Possible Inpatient Stroke**"
AND notifies the patient's **PRIMARY TEAM** of concern for stroke

RN:
- Obtains VS & FSBG
- Establishes time last known well (LKW)
- Places 2 large bore IVs

PRIMARY TEAM:
- Comes to the bedside STAT
- Assesses the patient
- Helps provide history to the **N.APP**

REMIS pages:
"Possible Inpatient Stroke, Room ___." APP to call xxx-xxxx.
- **Neurology APP 580-5621 a**nd
- **Neurocritical Care APP 741-3091**
(**N.APP** = either going forward)
7AM – 7PM Neurology APP responds
7PM – 7AM Neurocritical Care APP responds

N.APP:
- Calls back to obtain brief history. *Goal Page-to-Call back*: *within 5 min* (call back may be done by surrogate, such as a nurse holding the pager, if N.APP is in the middle of another medical emergency)
- Assesses the patient, including performs an NIHSS. *Goal Page-to-APP assessment: 10 min*.
- Reviews clinical history and available data with help from the patient's **RN** & the **PRIMARY TEAM.**
- If an acute stroke is suspected: **N.APP** calls **REMIS** and activates an **INPATIENT ACUTE STROKE ALERT** and provides a call back number
- Reviews recent labs (INR, platelets, Cr) and informs phlebotomist of what needs/does not need to be drawn
- Enters orders into the **Inpatient Stroke Order Set** including a Neurology Consult, any needed labs and a STAT CT/CTA "with perfusion" if symptoms consistent with large vessel occlusion (LVO)

REMIS pages:
"Inpatient Acute Stroke Alert, Room ___. Neurologist to call xxx-xxxx STAT"
- On-call Neurologist
- Phlebotomist
- CT technologist
- Pharmacist
- Radiology Resident
- Nursing Supervisor
- ED Coordinator
- SCU Coordinator
- Cardiac Access Coordinator
- Float Nurse
- R2 Charge Nurse
- Stroke Program Manager
- Stroke Data Coordinator

Neurologist calls back *within 5* minutes and speaks with the **N.APP**
Neurologist is at bedside ASAP, *maximum 45 min* from page.
This may be following the CT/CTA via Telestroke in an ED Critical Care bay if 7PM-7AM.

SCU coordinator/ Nursing Supervisor identifies resources for STAT pt transport to CT
Pt is transported to CT with appropriate **nursing** resources (must be a **ICU Nurse**) and **N.APP**

- **Phlebotomist** draws any STAT labs needed *prior to* transport to CT, *Goal Alert-to-lab result 45 min*
- **CT techs** clear/hold the scanner and perform CT/CTA +/- CTP upon pt arrival, *Goal Alert-to-CT initiated 25 min*
- **Pharmacy** is on alert in case tPA is needed
- **Radiology resident** interprets scans as soon as they are available

Decision regarding acute management is made following imaging, labs and **Neurologist** assessment

TPA/IAT not indicated

Patient is either transported back to original room or change in bed placement is made as clinically indicated with ongoing management by the **PRIMARY TEAM**

If the pt is not already on a service that manages patient in an ICU, transfer of care to an ICU service requires an **attending-to-attending phone** call, and the **PRIMARY TEAM** will maintain management of the patient until the ICU team is able to assume care

TPA indicated

Neurologist or N.APP orders tPA and calls **Pharmacy STAT line 662-3333** to request tPA delivery to the ED

- Pt is moved from CT to the ED Critical Care area for initiation of tPA/further monitoring
- **Pharmacist** brings tPA to the ED
- **ED RN** administers tPA, *Goal Alert-to-needle 60 min.*

IAT indicated (with or without tPA)

Neurologist contacts the **Neurointerventionalist** to arrange for the procedure as soon as a LVO is suspected (by clinical and/or imaging data)

The **Neurointerventionalist** activates the **IR staff** and **Anesthesiologist** if they agree that IAT is indicated
Patient is transferred to the IR suite ASAP, *Goal Alert-to-groin-puncture 110 min.*
This will be after the initiation of tPA in the Critical Care area if tPA is also indicated

Patient disposition:
- If ICU bed available and no IAT planned, pt is transported to ICU to complete tPA infusion
- If ICU bed is NOT available or IAT is planned, pt is kept in the ED Critical Care area and the ED RN monitors patient post-tPA until an ICU bed is available or the pt is taken to the NIR suite, respectively

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IAT = intra-arterial therapy
LVO = large vessel occlusion