



Date: July 24, 2008

Subject: Stroke Team Response Protocol

**Introduction:**

The initial assessment and treatment of the stroke patient requires a systematic approach. The Stroke Alert procedure for Saint Mary's Hospital is designed to have a qualified team rapidly mobilized for the treatment of acute stroke victims. A Stroke Alert is initiated when a stroke patient meets the following criteria:

- Is being considered for t-PA administration
- Has an intracranial hemorrhage
- Is unstable
- Has stroke symptoms that have occurred between 3 and 6 hours prior to presentation

**Policy:**

Saint Mary's Hospital is committed in the prompt identification and treatment of acute stroke victims. Our purpose is to provide optimum patient focused care in a quality setting and to reduce patient disabilities following stroke.

**ED Procedure:**

- 1) The Paramedic in the field, utilizing the Stroke Screening tool, will identify a potential stroke victim and inform the Emergency Department of their findings.
- 2) The triage nurse will identify potential ambulatory stroke patients and appropriately triage them and ambulance patients while informing the Emergency Physician of their findings.
- 3) The ED physician will make the determination if a Stroke Alert is indicated and inform the charge nurse and the Unit Secretary. The department's goal will be to have the ED physician evaluate the patient within 10 minutes of arrival.
- 4) The Unit secretary will dial the operator using the emergency number 1\*1 who will announce the "Stroke Alert ED". The operator will then page the Stroke Team with the following message "Stroke Alert ED" and repeat the overhead announcement.
- 5) The Unit secretary will notify the neurologist on call.
- 6) The Stroke Team (represented by the Hospitalists, on-call neurologist and the ICU resident) will report to the ED within 15 minutes and help with the assessment and initial treatment of the patient.
- 7) The CT Scan technologist will ready the CT Scanner and notify the ED Charge Nurse of the CT Scanner availability. A CT Scan will be completed on average within 30 minutes of patient arrival. The interpretation of the results will be available within an average of 60 minutes of patient arrival.

- 8) The ED Physician in collaboration with the Neurologist will write orders and direct the care of the stroke patient upon arrival. Neurology services will be available within 2 hours of a recognized need as determined by the ED Physician and/ or Neurologist.
- 9) All lab tests, ECGs, and chest x-rays (as needed) will be completed and results reported within 45 minutes of being ordered.
- 10) If patient is a candidate for t-PA the patient will sign a consent form for the administration of t-PA. Treatment will ensue within 60 minutes of arrival on average and no more than three hours after symptom onset.

### **Stroke Work Up Process and Team Responsibilities:**

#### ED Triage Team:

- Determines that there is a potential stroke case.

#### ED Physician

- Performs initial assessment of stroke patient.
- Determines possibility of needing t-PA.
- Authorizes activation of Stroke Team.
- Initiates treatment plan pending arrival of Stroke Team.
- Participates with Stroke Team as needed in management of the patient.

#### ED charge nurse/flow manager

Ensures patient testing is done in a timely manner and all treatment plans and orders are carried out

- Assures completion of appropriate paperwork and adherence to protocols.
- Assigns a bed and oversees preparation for arrival of the patient.
- Coordinates disposition from the ED.

#### Nursing Supervisor: from 3pm to 7 am. and on weekends (week days will be the manager/director of the dept)

- Assures bed availability in collaboration with ED charge nurse/flow manager or charge nurse of floor.
- Assist with completing of appropriate paperwork including the appropriate Stroke pathway.
- Assures completion of appropriate paperwork and adherence to protocols.

#### Neurologist on Call:

- Acts as liaison with staff and family.
- Works in collaboration with the ED physician.
- Is responsible for the medical management of the stroke patient.
- Recommends or approves recommendation of the administration of t-PA.

#### Stroke Coordinator:

- Facilitates implementation of stroke team protocols.
- Completes AHA forms.

### **In House Procedure**

- 1) When it appears that an inpatient's condition is deteriorating (regardless of their history of stroke) or they may be demonstrating signs consistent with a stroke the nurse will activate the Rapid Response Team to evaluate the patient.
- 2) The Rapid Response Team will notify the neurologist on call to participate in the care of the patient.
- 3) CT Scan technologist will be notified immediately by the nursing unit to ready the CT Scanner.
- 4) The Neurologist will direct the care of the patient and write orders as necessary.