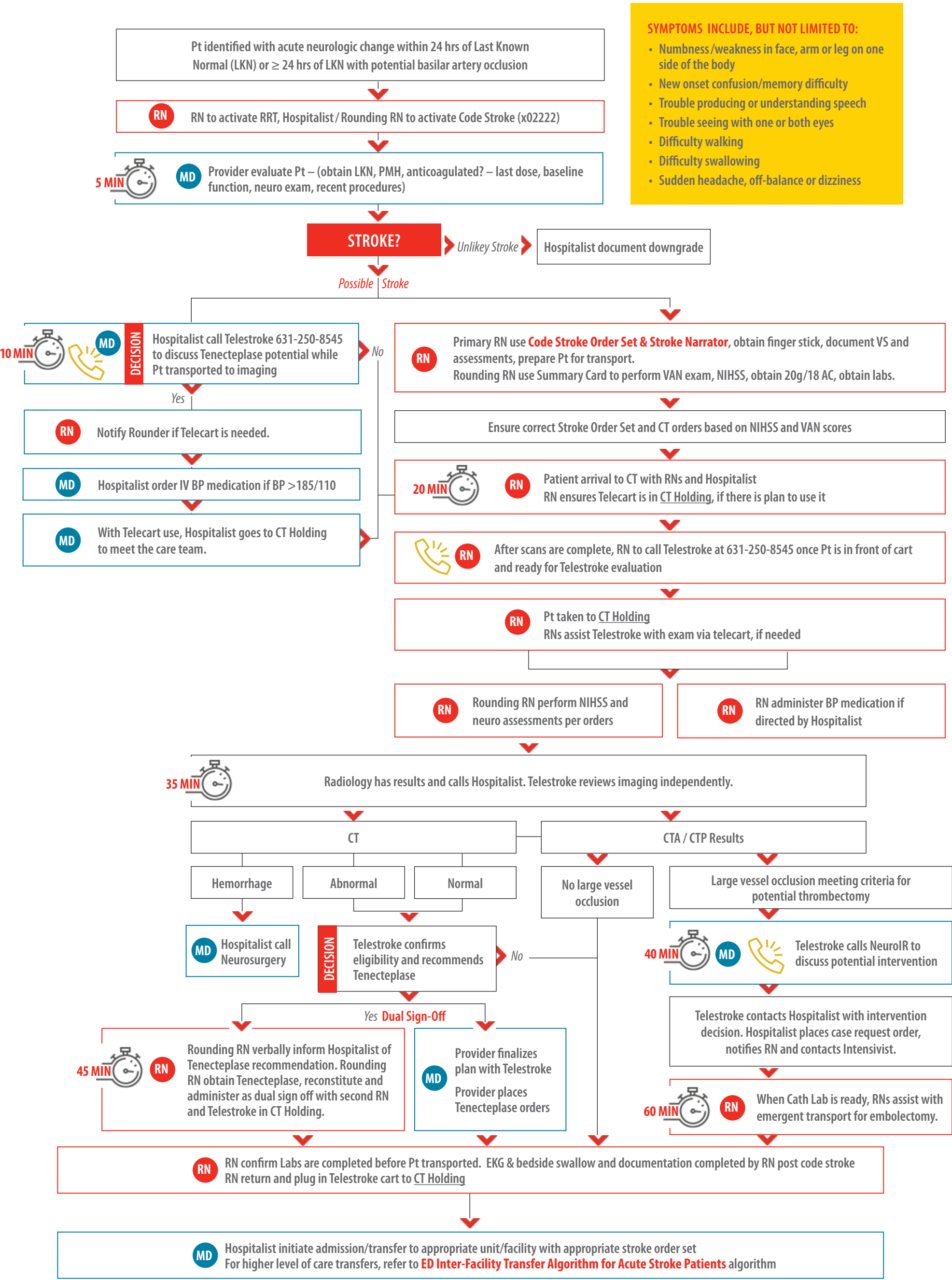


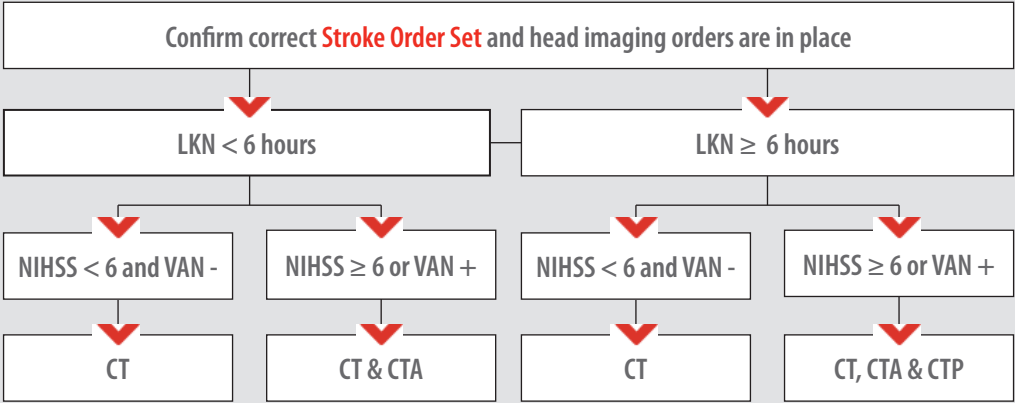
WakeMed Raleigh Campus Inpatient Acute Stroke Algorithm with Telestroke



For additional information, contact the stroke coordinator or stroke medical director.



Imaging Algorithm



WakeMed Raleigh Campus Inpatient Acute Stroke Algorithm with Telestroke

OVERALL

The things everyone needs to know

- Call 0-2222 to activate the acute code stroke team
- Panel of stroke neurologists (Virtual Telestroke Staff) available for virtual emergent consults 24/7
- Available for ED and inpatient acute stroke consults
- Directly CALL Telestroke at 631-250-8545
- Always CALL Neurology within 10 mins, never text
- Telestroke will focus on the acute phase and Raleigh Neurology Associates will focus on the post-acute phase of stroke care



HOSPITALIST

- DIRECTLY CALL Telestroke 631-250-8545 while patient is being transported to imaging. Use your stroke summary card as a guide for information needed in acute stroke (received from Rounding RN)
- After calling Telestroke, IMMEDIATELY call the Rounding RN/bedside team to let them know if cart will be needed so they can set it up and stay in CT holding where cart is located
- Reminder that Tenecteplase does not get reconstituted by the nurse until ready to administer.
- For Inpatient Code Strokes, the patient will be evaluated by Telestroke in CT holding immediately after imaging
- Hospitalist MUST GO to CT Holding to collaborate with Telestroke for all cases where the cart is going to be used. This will be known after your initial call with Telestroke
- Radiology will continue to call the Hospitalist with results of CT and CTA/CTP if abnormal
- Be present for Tenecteplase dual sign off and administration with RN and Telestroke
- Put in order for Tenecteplase for appropriate cases
- Telestroke will directly call NeuroIR for large vessel occlusions meeting potential thrombectomy criteria
- If accepted, Hospitalist is notified to place the Cath Lab case request order. Hospitalist notifies RN and Rounder.
- Arrange for any higher level of care transfers and sign out to ICU team or others
- Raleigh Neurology Associates available onsite at Raleigh and Cary campuses for follow-up consults. An order is required to be placed in EPIC to alert the Raleigh Neurology Associates team to the consult need



ROUNDING
RN

- Serve as the co-leader with the hospitalist and know the acute stroke process.
- Give the hospitalist their stroke summary card and use your RN stroke summary card as a guide for key details to obtain in an acute stroke. WRITE DOWN the hospitalist's cell phone number on your summary card.
- While transporting the patient to imaging, the hospitalist will call and inform you if the cart will be needed. Have someone make sure the cart is ready in CT holding where it should be sitting
- After scans are complete, RN to call Telestroke at 631-250-8545 once Pt is in front of cart and ready for Telestroke evaluation
- Reminder not to reconstitute Tenecteplase until until Telestroke recommends, and you are ready to administer.
- For Inpatient Code Strokes, the patient will be evaluated by Telestroke in CT Holding immediately after the imaging. The Hospitalist should be present as well for this process
- Once Telestroke recommends Tenecteplase, inform Hospitalist for orders.
- Obtain Tenecteplase, reconstitute, withdraw dose and administer as a dual sign off with second RN, Telestroke and Hospitalist in CT Holding
- Clarify with Hospitalist/Telestroke if plan for thrombectomy. Prepare for emergent transport to Cath Lab if so.
- Stay with the patient until all acute stroke needs are met and patient is transferred to next appropriate location (IR cath lab, ICU, previous room assignment, etc.)



PRIMARY
BEDSIDE RN

- Serve as key individual to communicate LAST EXAMINED WELL time and SYMPTOM DISCOVERY time to the lead RN and Hospitalist who will run the code stroke
- Follow delegated tasks given to you from stroke trained lead RN, such as placing code stroke orders, obtaining a finger stick blood sugar, getting patient ready for transport, etc.
- Make sure your charge nurse knows of your role in code stroke and that you will be going with your patient to imaging
- Make sure you have communicated to primary team attending about acute code stroke on-going and get most direct contact information from the primary team
- Primary bedside RN MUST TRAVEL with patient to CT imaging for all code strokes
- For Inpatient Code Strokes, the patient will be evaluated by Telestroke in CT Holding immediately after the imaging. The primary RN is always needed to provide additional critical information the hospitalist and Teleneurologist
- Stay with the patient until all acute stroke needs are met and patient is transferred to next appropriate location (IR cath lab, ICU, their own room, etc.)
- Complete documentation in stroke narrator and notes as needed to capture all care given during acute code stroke



PHARMACY

- Be prepared to verify Tenecteplase order and answer any questions as needed



TELESTROKE

- Be available 24/7 to provide recommendations for care on acute stroke patients
- Obtain the location of the caller to know which Telecart may be used at the multiple WakeMed facilities
- Directly and clearly let the Hospitalist know in the 1st phone call initial impressions, if Telecart use is desired, and if Pt could be a Tenecteplase candidate.
- Facilitate evaluation of patient via Telecart promptly. If Tenecteplase is given, please serve as guide during dual sign off and administration.
- Document final plans and recommendations in EPIC
- Directly call NeuroIR for patients meeting selection criteria for potential thrombectomy
- Call Hospitalist to close loop on NeuroIR's thrombectomy decision
- If patient is not a candidate for thrombectomy, document the NeuroIR MD's reason for no thrombectomy



INTENSIVIST

- Hospitalists will respond to all Code Strokes in the ICU. Please assist with critical care needs but allow hospitalist to follow through with acute stroke treatments
- Telestroke available 24/7 to respond to inpatient Code Strokes
- Raleigh Neurology Associates available onsite at Raleigh and Cary campuses for follow up consults. An order is required to be placed in Epic to alert the Raleigh Neurology Associate team to the consult need