WAKEMED GARNER EMERGENCY DEPARTMENT

Acute Stroke Algorithm with Telestroke

Pt identified with acute neurologic change within 24 hrs of Last Known Normal (LKN) or ≥ 24 hrs of LKN with potential basilar artery occlusion

RN — Code stroke activated. If EMS > 5 min out, Charge RN to request EMS to radio back with a 3-5 min ETA. When updated ETA received, alert care team to go to "Launch Pad."

ED Provider, RN, other staff meet Pt on EMS stretcher immediately on arrival to "Launch Pad" (hallway with wreath near triage). Triage patients immediately evaluated in triage room at Code Stroke activation.

5 MIN — MD — ED Provider quick assessment (LKN, PMH, anticoagulated? – last dose, baseline function, neuro exam)

SYMPTOMS INCLUDE, BUT NOT LIMITED TO:

- Numbness/weakness in face, arm or leg on one side of the body
- New onset confusion/memory difficulty
- Trouble producing or understanding speech
- Trouble seeing with one or both eyes
- Difficulty walking
- Difficulty swallowing
- Sudden headache, off-balance or dizziness

STROKE?

Unlikely → Provider documents downgrade

Possible or Highly Likely

10 MIN — MD — DECISION — ED Provider immediately calls Telestroke at 631-250-8545 to discuss brief history and exam.

No → RN confirms CT orders with ED Provider and uses **Stroke Order Set & Stroke Narrator.** Obtain only **finger stick blood sugar**, CBC, coags and chem.

MD — After off the phone with Telestroke, ED Provider to enter EMR to review Pt in more detail and IMMEDIATELY report any newly found concerns to Telestroke

20 MIN — RN — Pt arrival to CT on EMS stretcher with RN.

RN — As soon as Pt is done with CT, RN enters weight into chart.

RN — **RN transports Pt to their assigned ED room for Telestroke Evaluation**

RN — RN to call Telestroke at 631-250-8545 once Pt is in front of cart and ready for Telestroke evaluation

RN — Telestroke lets RN know if tele-cart evaluation is needed

Yes, needed → RN — RN assists Telestroke with history and exam

No, not needed → RN — Discuss further care with ED Provider

35 MIN — Radiology has results and calls ED Provider. Telestroke reviews imaging independently.

CT / CTA / CTP Results

CT → Hemorrhage / No Hemorrhage

Hemorrhage → MD — Provider calls Neurosurgery

No Hemorrhage → DECISION — Telestroke reviews history/exam, confirms eligibility for Tenecteplase

Not Eligible → No large vessel occlusion

Eligible → Telestroke makes official recommendation for Tenecteplase

RN to obtain Tenecteplase and inform ED Provider of recommendation to secure a verbal order for Tenecteplase order panel

RN — RN places VERBAL ORDER under ED Provider's name. RN reconstitutes Tenecteplase and withdraws dose

DUAL RN SIGN OFF: Confirm BP parameters met

45 MIN — RN — RN administers Tenecteplase in Pt's assigned ED room.

RN — RN to confirm EKG, Dysphagia Swallow Screen and remaining labs done.

MD — ED Provider to sign verbal orders placed by RN and initiate admission

Large vessel occlusion meeting criteria for potential thrombectomy

40 MIN — Telestroke calls NeuroIR to discuss potential intervention

MD — Telestroke contacts ED Provider with intervention decision.
ED Provider places case request order and contacts Intensivist.

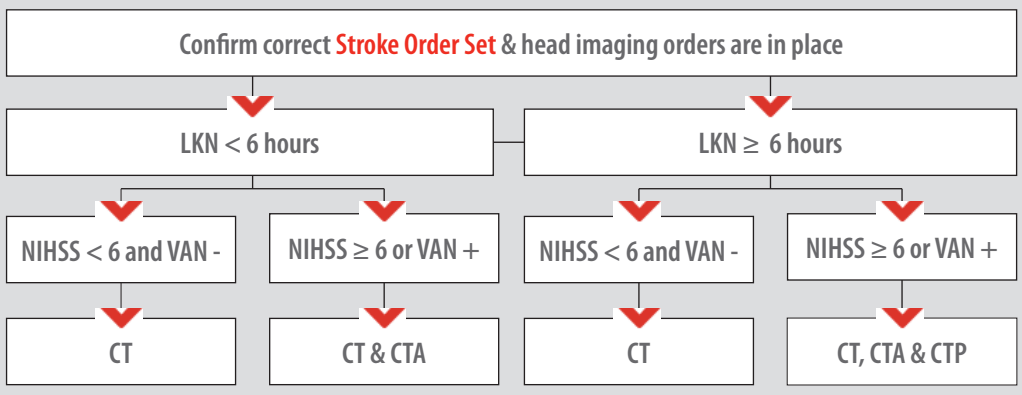
RN — RN calls report to receiving Cath Lab

90 MIN — Patient to be transferred to embolectomy capable center.

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

WakeMed Stroke Program

Imaging Algorithm



April 2025

ED PROVIDER

- If EMS is < 5mins, immediately report to "Launch Pad" location. If EMS is > 5mins, watch for arrival and immediately meet patient on arrival to "Launch Pad."
- Confirm imaging orders with Primary RN before Pt is transported to imaging.
- Co-management of Pt with Telestroke.
- **Directly call Telestroke (631-250-8545)** while Pt is being transported to imaging and communicate the following **key details:**
  1) Patient Identifiers - Name, DOB **2)** LKN (Last Known Normal) date /time (not when found with symptoms) **3)** Anticoagulated? Last dose if known **4)** Pertinent Medical History: HTN, A-fib, HLD, DM, Cancer, CVA, CAD **5)** Baseline functional status if known **6)** Neuro Exam (NIHSS not needed but exam description essential)
- Reminder that Tenecteplase is not to be reconstituted until officially recommended by Telestroke.
- After Telestroke call, continue to review Pt's chart. ED Provider to call Telestroke and/or go to Telestroke evaluation area as needed for **any major new concerns**.
- Patient will return to their room after imaging to have Telestroke eval and Tenecteplase administration.
- Radiology will continue to call ED Provider with results of CT and CTA/CTP if abnormal.
- If Telestroke recommends Tenecteplase, Primary RN will inform ED Provider of plans AND ED Provider will need to **sign verbal orders placed by RN (under ED Provider's name)** for the med.
- Telestroke will directly call NeuroIR for **large vessel occlusions** meeting potential thrombectomy criteria.
- If accepted, ED Provider is notified to place the Cath Lab case request order and place emergent transport request.
- Ensure primary RN is aware of plan for thrombectomy.
- No change in process for higher level of care transfers, refer to ED Inter-Facility Transfer Algorithm for Acute Stroke Patients.

TELESTROKE

- Available 24/7 to provide recommendations for care on acute stroke Pts
- Directly and clearly let the ED Provider know in the 1st phone call initial impressions, if telecart use is desired, and if Pt could be a Tenecteplase candidate.
- Expect a 2nd call from the Primary RN after imaging, once Pt is ready for tele-cart evaluation. Let Primary RN know if tele-cart is not needed.
- Facilitate evaluation of Pt via telecart promptly.
- **Confirm history, exam, and eligibility criteria for Tenecteplase** independently. Final inclusion/exclusion criteria ultimately the responsibility of Telestroke
- Inform RN as soon as they should reconstitute Tenecteplase. RN will be informing ED Provider of plan to use Tenecteplase with verbal order to be placed under ED Provider's name.
- If Tenecteplase is given, serve as guide during Dual Sign Off prior to Tenecteplase being given.
- Directly call NeuroIR for patients meeting selection criteria for potential thrombectomy.
- Call ED Provider 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.

TRIAGE RN

From either "Launch Pad" or triage room, first RN on scene to **make sure the following key roles are met/assigned:**

- ED Provider aware of code stroke and immediately evaluating patient.
- Charge RN or Team Lead to take role of primary code stroke RN with immediate evaluation and documentation started to Stroke Narrator .
- Assign someone to call CT to let them know of code stroke patient to arrive soon so bed can be cleared.
- Assign someone to take ED bed to CT and transport patient on monitor to CT. Pt will return to assigned ED room for Telestroke evaluation.
- Assign someone to take telecart into Pt's assigned ED room for post CT Telestroke evaluation.
- Assign someone to replenish "Launch Pad" as needed and return and plug in telecart to designated spot once code stroke complete.

PRIMARY RN

- If EMS is < 5mins, immediately report to "Launch Pad" location. If EMS is > 5mins, watch for arrival and immediately meet patient on arrival to "Launch Pad."
- Open ED code stroke Order Set & Stroke Narrator in EPIC and initiate charting in "Launch Pad". Document time of patient's actual arrival and ED Provider arrival time.
- Confirm viable IV (AC preferred) and send labs. Finger stick blood sugar lab required. Send CBC, Chem, Coags, troponin and type and screen in Launch Pad OR after CT if needed (don't delay CT).
- Confirm imaging orders with ED Provider before Pt is transported to imaging. Notify CT prior to transport. Transport patient on cardiac monitor.
- Immediately after CT is done, transport Pt back to assigned ED room. Enter weight in chart.
- As soon as Pt is in front of the telecart and ready for evaluation, **directly call Telestroke (631-250-8545)** to let them know to sign onto the cart. You will be informed if Telestroke evaluation is or is not needed. If not needed, talk to the ED Provider for further care plans.
- If Tenecteplase is recommended by Telestroke, inform ED Provider to obtain a verbal order. Place verbal order for Tenecteplase under ED Provider's name.
- Obtain, reconstitute and administer medication as dual sign off with second RN and Telestroke.
- Telestroke contacts NeuroIR for thrombectomy decision. Clarify final decision with Telestroke or ED Provider as needed.
- If patient accepted, prepare for emergent transport to embolectomy center.

OTHER RN

- **Assist Primary RN** with responsibilities for these complex Pts.
- If Pt is a potential Tenecteplase candidate, be available for second sign off. Verbal order will need to be placed under ED Provider's name.

PHARMACY

- RN will place verbal order for Tenecteplase under ED Provider's name. Ensure adequate stock of TNK is available in Pyxis.

IMAGING

- ED Provider and Primary RN responsible for correct CT imaging orders. Please **carry out orders as written**.
- Radiology will **continue to call ED Provider with imaging results**.
- Telestroke will also have access to review images once complete.
- Telestroke will make direct call to NeuroIR for potential thrombectomy candidates.

CATH LAB

- ED Provider places an order for a case request.
- Emergent transfer will be needed to embolectomy capable center if embolectomy candidate.

NEURO IR

- If suspected large vessel occlusion, will continue to receive a direct CALL from Telestroke for patients meeting selection criteria for potential thrombectomy.
- NeuroIR attending to independently review images.
- NeuroIR attending will decide if Pt is an embolectomy candidate or not and call Telestroke on their cell phone to relay decision.
- NeuroIR attending to contact appropriate Cath Lab and provide location information, supplies needed and location of clot.