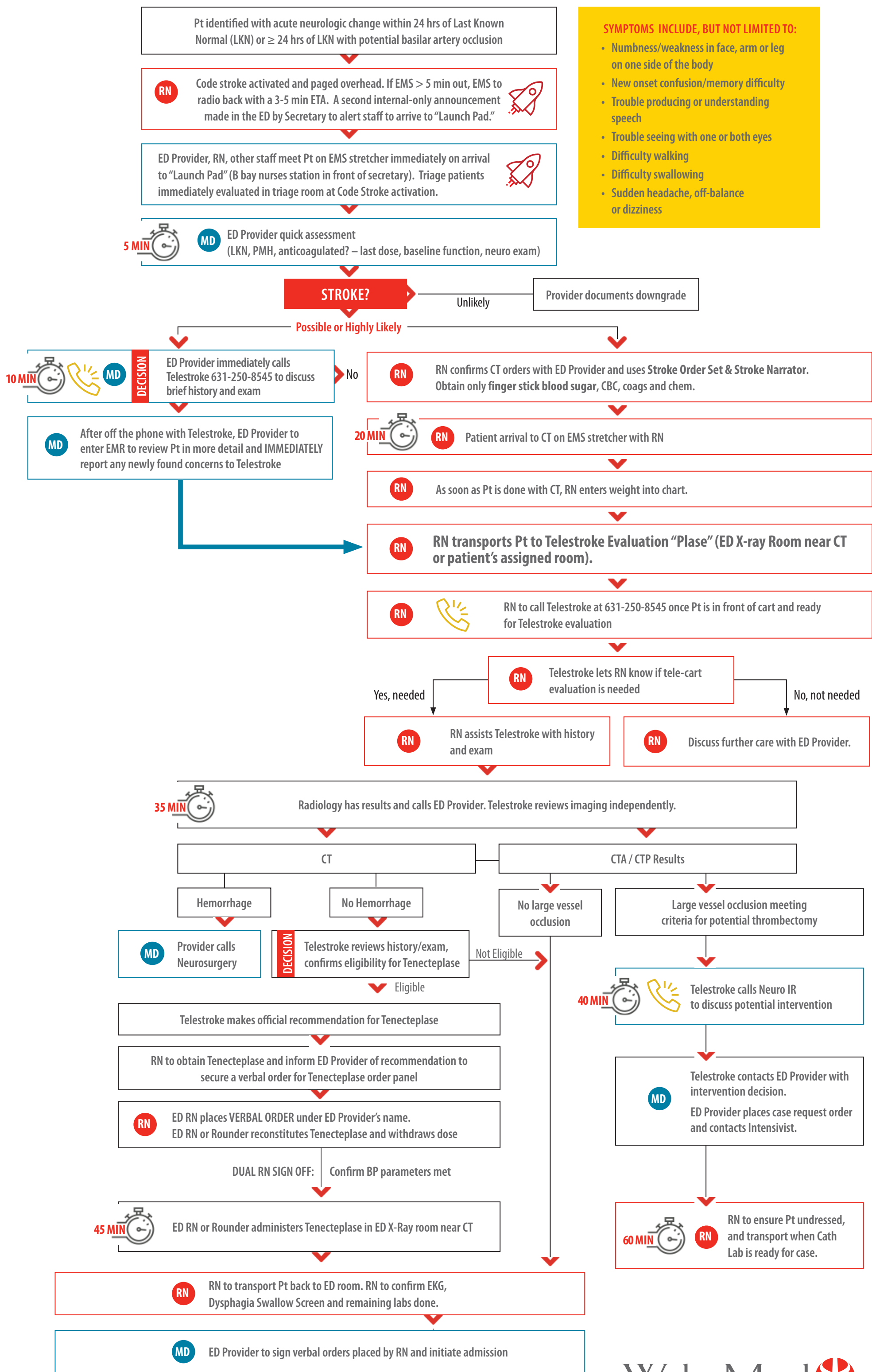


WAKEMED CARY EMERGENCY DEPARTMENT

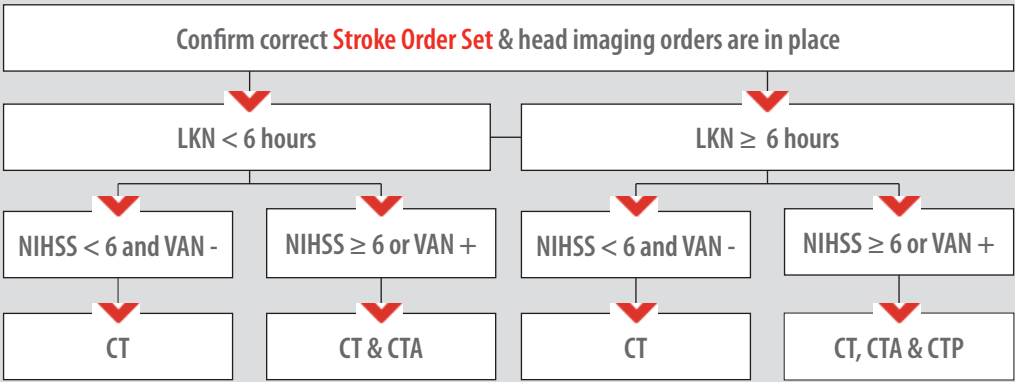
# Acute Stroke Algorithm with Telestroke



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



## Imaging Algorithm





ED PROVIDER

- If EMS is < 5mins, immediately report to “Launch Pad” location. 🚀 If EMS is > 5 mins, a second internal announcement will be made in the ED by B-bay secretary.
- 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**.
- Pt will either remain near CT or return to patient’s room to have Telestroke evaluation 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 Neuro IR for **large vessel occlusions** meeting potential thrombectomy criteria.
- If accepted, ED Provider is notified to place the Cath Lab case request order.
- 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 Tenectaplast 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 Neuro IR for patients meeting selection criteria for potential thrombectomy.
- Call ED Provider to close loop on Neuro IR’s thrombectomy decision.
- If patient is not a candidate for thrombectomy, document the Neuro IR MD’s reason for no thrombectomy.



SECRETARY/ TECH

- B Bay Secretary to make internal ED announcement once code stroke patient is <5 min away from hospital. Example: “Code Stroke, Room 11, arriving now.”
- Meet Pt with Primary RN in “Launch Pad” 🚀 for initial evaluation.
- Follow Primary RN and Pt to **imaging with ED bed and monitor**.
- Nurse Tech to bring **Telecart from outside 22 to ED X-ray room**. Nurse Tech check with RN if IV pump will be needed for BP control.
- Pt will remain near CT after imaging to have Telestroke evaluation.
- **Return cart and plug it in** at designated spot **outside 22** after Tenecteplase administration and Telestroke signs off.



PRIMARY RN

- If EMS is < 5 mins, immediately report to “Launch Pad” location. 🚀 If EMS is > 5 mins, a second internal announcement will be made in the ED by secretary within a few minutes of Pt arrival.
- 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.
- Immediately after CT is done, transport Pt to Telestroke evaluation “plase” in ED X-ray room near CT. Be sure to enter Pt weight into chart.
- Pt will remain in ED X-ray room near CT to have Telestroke evaluation and Tenecteplase administration if recommended.
- As soon as imaging is done and 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, take Pt back to ED room and 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 Neuro IR for thrombectomy decision. Clarify final decision with Telestroke or ED Provider as needed.
- If patient accepted, prepare for emergent transport to Cath Lab.



ROUNDING RN

- **Assist Primary RN** with responsibilities for these complex Pts.
- Pt will remain near CT after imaging to have Telestroke evaluation and Tenecteplase administration.
- 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.
- Telestroke contacts Neuro IR for thrombectomy decision. Clarify final decision with Telestroke or ED Provider as needed.
- If patient accepted, prepare for emergent transport to Cath Lab.



PHARMACY

- Primary RN will be placing verbal order for Tenecteplase under ED Provider’s name. Serve as a double check to review correct orders placed.



IMAGING

- ED Provider and Primary RN responsible for correct CT imaging orders. **Carry out orders as written**.
- Telestroke evaluation and Tenecteplase administration will occur in **ED X-ray Room**.
- 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 Neuro IR for potential thrombectomy candidates.



CATH LAB

- ED Provider places an order for a case request.
- In Cary, if Pt is an embolectomy candidate, **ED RN will bring Pt to Cath Lab**.



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.
- Neuro IR 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.