

ED STROKE CODE - AMBO PATH

Performed By:

Last Updated:

7/12/2018

Owner:

ED STROKE

Target Time:

Door To TPA 45min

Rev. Number:

Revised By:

TTEETS

Purpose: Standard Work-

	Major Steps	Time	>Details (and >>Rationale)	Diagram, Work Flow, Picture, Time Grid
1	EMS consults ED on the BOX with possible stroke patient en route. RN obtains Last Known Well (LKW) time and blood sugar.		RN notifies x6811 MD	
2	Patient arrives to ED placed in Stroke Room (prior wandering room).		Communications RN calls x6811 MD.	
3	MD performs NIHSS and reviews for TPA contraindications. Simultaneously, RN/PCT obtains 2nd IV access, CT Contrast screening and labs if possible . ED Charge RN keeps time.	5-10min	MD determines if Stroke Code TPA vs non-TPA should be activated. If last known well is within 4.5hrs and no contraindications TPA Stroke Code called x1111. If between 4.5-22hrs non TPA Stroke Code called to x1111. MD uses Stroke Code Order Set to place Head CT/CTA orders. Patient must have two 20g or larger IV accesses. Lines and/or labs may be done while MD/ RN performs NIHSS and document in EMR. Labs-CBC, BMP, Prottime-INR, APTT, Troponin 1.	
4	RN notifies CT x4829 as they transport patient to scanner.		CT prepares room for patient i.e., lift sheet and IV contrast.	

5	<p>Weight obtained prior to CT scan by RN or CT Tech.</p> <p>Patient is transferred to CT table and placed on lift sheet.</p> <p>Non-contrast Head CT performed.</p>	8min	<p>In CT control room weight MUST be entered into patient chart by RN as CT scan is being performed.</p> <p>RX must have accurate weight to calculate correct TPA dose in order to send TPA dose to patient in timely manner.</p>	
6	<p>Non Con Head CT obtained and radiologist is called x4905 by CT Tech for STAT READ if off hours CT tech calls Vision Rad at 510-683-9500.</p>	10min	<p>Radiologist reads non-contrast head CT and calls x6811 MD with report.</p> <p>If Head CT is positive for ICH abort TPA Stroke Code.</p> <p>ED MD immediately consults Neurosurgery to discuss how to proceed.</p>	
7	<p>If Non Con Head CT is negative for ICH, ED MD orders TPA.</p>		<p>ED MD enters TPA order into EPIC using TPA order set.</p>	
8	<p>CTA Head/Neck performed if indicated.</p> <p>No creatinine required.</p>	5min	<p>Indications: If LKW is <16hrs and NIHSS >6 or LKW is 16-22hrs and NIHSS >10 or clinical signs of large vessel occlusion.</p> <p>If large vessel occlusion, ED MD initiates transfer to tertiary facility, continue with TPA treatment plan as per order.</p> <p>Modified Rankin Score MUST be obtained prior to patient transfer or discharge.</p>	

9	Patient arrives in ED Room.		<p>Patient placed on monitor, vitals, RN obtains 2nd NIHSS and begin Q15 Neuro check and vitals as per protocol.</p> <p>If patient is hypertensive >185/110mmHg notify MD for treatment.</p>	
10	TPA arrives in patient room, Time Out performed by RN and MD. 2nd RN needed to sign off on TPA.	5 min	<p>ED Charge aware of TPA administration and keeping team of aware of time line.</p> <p>RN 1:1 with patient. ED MD to consult ICU.</p> <p>Bed Board made aware of need for ICU bed.</p> <p>ED MD to consult CCU MD if patient is hemodynamically unstable for transfer to tertiary facility.</p>	
11	RN begins infusion of TPA. RN to continue Q15 Neuro Check and vitals.		<p>TPA administration: Bolus over one minute, then drip over 60min. Check MAR for infusion rate.</p> <p>Following TPA, 50ml normal saline infused at same rate of TPA using same tubing to ensure patient receives full dose of TPA.</p>	
12	<p>ED MD places admission order to ICU.</p> <p>ED MD consult CCU MD for admission to ICU.</p> <p>Admission orders placed.</p>		<p>NIHSS repeated 2 hours and 24 hours after TPA initiated.</p> <p>ED RN and/or ICU RN will conduct 2nd NIHSS depending on where patient is at that time.</p>	

13	ICU accepts patient from ED.		ED RN performs handoff report and transports patient to ICU. ED and ICU RN perform vital sign and neuro check together.	
14	Patient recovers in ICU.			