INPATIENT STROKE CODE

Performed By:		**Last Updated:**	7/12/2018	**Owner:**	INPT STROKE
Target Time:	45	**Rev. Number:**		**Revised By:**	TTEETS

Purpose: Standard Work-

	Major Steps	**Time**	**>Details (and >>*Rationale*)**	**Diagram, Work Flow, Picture, Time Grid**
1	RN calls Rapid response for patient with suspected stroke.		Accu-check. -Rapid response x1111. Page attending MD at that time and initiate Q15 Neuro-checks.	
2	Resource RN arrives in patient room and begins RR assessment with Last Known Well time (LKW), Cincinnati scale, followed by NIH Stroke Scale.		Rapid Response assessment. If (+) Cincinati call S**troke Code**. Resource RN to keep accurate elapse time. RN/PCT 2nd IV placement of 20g or larger, CT Contrast screening form and placement of lift sheet. Labs: CBC, BMP, Protime-APTT, Troponon1.	
3	Attending MD/ RN arrives at bedside. Updated by RN. MD assess patient and completes NIHSS. Neurologist on call will be provide with attending MD call back phone number by operator. ICU Charge RN to support Resouce RN.	5-10min	If Cincinati scale is (+) NIHSS. Suspicion LVO-transfer out. MD must use **Stroke Code Order Set** to place Stroke Protocol Head CT/CTA orders and enter NIHSS into patient chart. MD to page Neurology STAT. TPA Screening Consult Intensivist.	
4	Resource RN notifies CT x4829 as they transport patient to scanner.		CT prepares room for patient.	

5	**Weight is obtained prior to CT during transefer to CT table.**		In CT control room weight **MUST** be entered into patient chart by RN as CT scan is being performed.	
6	Non-con Head CT obtained and radiologist is called x4905 for STAT READ. If off hours Vision Rad must be called by CT Tech at 510-683-9500. CT Tech gives Radiologist call back number for read.	Goal 20 min	Radiologist reads non-con head CT and calls appropriate MD with report. If Head CT is positive for ICH abort TPA Stroke Code. Attending MD consults neurosurgery. MD communicates CT result to intensivist.	
7	CTA Head/Neck performed if indicated. **Patient does not need creatinine for CTA**. Attending MD consults ICU or tertiary facility.		Indications: If LKW is <16hrs and NIHSS >6 or LKW is 16-22hrs and NIHSS >10 or clinical signs of large vessel occlusion. If large vessel occlusion, ICU MD initiates transfer to tertiary facility, continue with TPA treatment plan as per order. Transfer to tertiary facility must be within 90 minutes from documented decision time to transfer. Modified Rankin Score **MUST** be obtained prior to transfer or discharge.	
8	Patient transfers to ICU level care. MD places admission order to ICU.		ICU/ Resourse RN continues Q15 neuro checks and vitals.	
9	TPA arrives to patient room, Time Out performed by RN and MD. 2nd RN needed to sign off on TPA.		RN 1:1with patient. Bed board made aware of need for ICU bed or transfer to tertiary facility.	

10	RN begins infusion of TPA. RN to continue Q15 Neuro Check and vitals.		TPA administration: Bolus over one minute, than drip over 60min. **Check MAR for infusion rate**. Following TPA, 50ml normal saline infused at same rate of TPA using same tubing to ensure patient receives full does of TPA.	
11	TPA infusion continues.		NIHSS needs to be performed 2 hours and 24 hours from start of bolus.	
12	Patient recovers in ICU or ICU level care.			
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