ED STROKE CODE - TRIAGE PATH

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

Purpose: Standard Work-

	Major Steps	Time	>Details (and >>*Rationale*)	Diagram, Work Flow, Picture, Time Grid
1	Patient checks in at ED front desk. Registration notifies Triage RN.			
2	Triage RN performs Rosier scale and accu check on patient in triage and obtains Last Known Well (LKW)		If Rosier scale is postive Triage RN calls x6814 MD and moves patient to Minor Care Stroke Room. (MC7)	
3	Patient is placed in Minor Care Room for Stoke assessment. MD performs NIHSS and reviews for TPA contraindications. Simultaneously, RN/PCT obtains two 20g or larger IV accesses, CT Contrast screening and **labs if possible.** ED Charge RN keeps time clock.	5-10min	MD determines if Stroke Code TPA vs non-TPA should be activated. If LKW is within 4.5hrs **TPA Stroke Code** called x1111. If LKW between 4.5-22hrs **non TPA Stroke Code** x1111. MD uses **Stroke Code Order Set** to place Head CT/CTA orders, MD/RN enters NIHSS in EMR. Patient must have two 20g or larger IV accesses. Lines and/or labs may be done while MD performs NIHSS. Labs- CBC, BMP, Protime-INR, APTT, Troponin1.	
4	RN notifies CT x4829 as they transport patient to scanner.	8min	CT prepares room for patient i.e., lift sheet and IV contrast.	
5	Patient is transferred to CT table and placed on lift sheet. Weight obtained **PRIOR** to CT scan by RN or CT Tech. Non-contrast Head CT performed.		In CT control room weight **MUST** be entered into EPIC patient's chart by RN as CT scan is being performed. **RX must have accurate weight to calculate correct TPA dose and get TPA to patient timely.**	
6	Non Con Head CT obtained and radiologist is called x4905 for **STAT READ** if off hours CT Tech call Vision Rad at 510-683-9500.		Radiologist reads non-con head CT and calls x6811 MD with report. If Head CT is positive for ICH abort TPA Stroke Code. ED MD consults immediately Neurosurgery to discuss how to proceed.	
7	If non con Head CT is negative for ICH, ED MD orders TPA.	10min	ED MD enters TPA order into EPIC using TPA order set.	
8	CTA Head/Neck performed if indicated. No creatinine reqiured.		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, ED MD initiates transfer to tertiary facility, continue with TPA treatment plan as per order. Modified Rankin Score **MUST** be obtained prior to patient transfer or dicharge.	
9	Patient arrived in ED Room.	5 min	Patient placed on monitor, vitals, RN obtains 2nd NIHSS and begin Q15 Neuro check and vitals as per protocol. If patient is hypertensive >185/110mmHg notify MD for treatment.	
10	TPA arrives in patient room, Time Out performed by RN and MD. 2nd RN needed to sign off on TPA.		ED Charge aware of TPA patient. RN 1:1with patient. ED MD consult ICU. Bed board made aware of need for ICU bed. ED MD consult CCU MD if patient is hemodynamically unstable for transfer to tertiary facility.	
11	RN begins infusion of TPA. RN to continue Q15 Neuro Check and vitals.	60min	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.	
12	ED MD places admission order to ICU. ED MD consult CCU MD for admission to ICU. Admission orders placed.		NIHSS repeated 2 hours and 24 hours after TPA iniated. ED RN and/or ICU RN will conduct 2nd NIHSS depending on where patient is at that time.	
13	ICU accepts patient from ED.		ED RN performs handoff report and transport patient to ICU. ED and ICU RN perform vital sign and neuro check together.	
14	Patient recovers in ICU.			