

Acute Stroke Management Protocol

Telestroke
can be initiated
at any time
during the
assessment /
treatment
process.

Telestroke will be
activated if **sudden
onset of symptoms
within 6 hours** prior to
arrival in ER:

- Aphasia
- Hemiparesis
- Dysarthria
- Ataxia

Physician

Patient Assessment

- ABC
- History, PMH, neurological exam, medication, prior disability
- Review thrombolytic inclusion / exclusion with SO (see Brain Attack Checklist)

Treatment

- BP control for Thrombolytic candidate:

Labetalol 5-10 mg IV Q 15 min.
Prn for SBP > 185 or DBP > 110;
not to exceed a Total of 150mg
** DO NOT USE A CONTINUOUS IV DRIP **
- Avoid BP treatment for Ischemic Stroke, if not a Thrombolytic candidate
- Large bore IV access confirmed. Avoid jugular and Subclavian sticks
- Head CT

Videoconference

- Introduce patient and family
- Present case to consulting physician
- Help consultation physician facilitate H & P

rt-PA Administration

- Obtain rt-PA Administration consent (see form)
- Sign t-PA Order Set
- Sign Stroke Orders Post IV t-PA orders

RN / LPN

Patient Assessment

- ABC
- Documentation: time of onset of symptoms & when the patient was last seen well
- Get Stroke Packet

Nursing Intervention

- B/P Q 15 minutes
- Notify MD: If SBP > 185 or DBP > 110.
- O2 at 2L/nasal cannula, increase to maintain O2 Stats > 94%
- Bedside fingerstick glucose
- Establish IV access. Start two large bore IV's (18 gauge at least)
- IV – 0.9 NS at 60 cc / hr
- STAT Labs: CBC, Chem 7, PT (INR) / PTT, CPK, Troponin and urine drug screen
- EKG
- Portable Chest X-ray
- Foley Catheter
- Head CT
- Bed weight, ASAP after the pt returns (Actual weight, Not estimate)

Videoconference

- Discuss telemedicine & get the **Telestroke Informed Consent** signed
- Have ONE patient representative in the room
- 'WAIT'** for the physician to connect to you. Confirm the camera and monitor are turned 'ON' - you will see a picture of your room.
DO NOT PRESS THE GREEN CALL BUTTON on the remote control
- Patient Position: in gown with HOB at 45 degree angle with one sheet between patient's legs and a colored sheet across patient's chest, facing the camera
- Adjust lights: Bay light on, exam light off
- Neuro Exam:** the MD is watching the patient's expression. Do NOT obscure camera & stand on the pt's preference side
NIH laminated cards: hold cards to the side
Flaccid arm or leg: pick it up and let it drop as doctor asks the pt. to hold them up
Sensory exam: close eyes, touch R & L face, arms, & legs, which side do you feel
Pressure comparison: open eyes, touch one side then the other with different pressures and ask how much it is worth \$\$\$

rt-PA Administration

- Get Activase kit from the pharmacy
- Follow signed t-PA Order Set and Post IV t-PA Stroke Orders

Unit Clerk

Transfer Center

- Fax** signed telestroke patient **consent** form to **801 585-2143**. (No coversheet needed)
- At the direction of the on-duty physician or RN, **Initiate Telestroke: 877 236-4828**
- Instruct the Transfer Center to notify the Brain Attack Attending: "Telestroke in - your hospital & location"
- Give the Patient name, sex, date of birth and time of onset of symptoms
- Instruct the Transfer Center to register the patient for a UHC "STAT" Out-patient Visit Number and MRN for the Stroke Center physician
- Give the transfer center your call back number.
- If identity unknown, give the same information that you are using to identify the patient at your hospital

Radiology

- If after hours — turn on the CT
- Call Radiology Tech on call

Videoconference Troubleshooting

- If no connection within 30 minutes of the initial protocol activation, Call: **877 236-4828**
- Instruct the transfer center to notify the Brain Attack attending "Failed connection at – your hospital & location" and request 'UTN On call staff' be paged at 339-1500 to troubleshoot

Post Videoconference

- Place the patient name on all attached orders and give to RN
- Post-videoconferencing: restock the packets: order sheets (Non-contrast head CT, portable chest x-ray, EKG, and labs, & NIH laminated cards)

Rad Tech

Radiology

- Perform non-contrast head CT
- Add your **Site Code** to the beginning of the **Patient ID and Accession #** or ensure a unique Accession# that is different from UHC. Note – this needs to be a **unique number** to be accepted & filed correctly by the University hospital's PACS
- Send studies to the U's PACS Gateway