EMERGENCY DEPARTMENT ALGORITHM for ACUTE STROKE PATIENT

Patient presents to triage with signs and symptoms of stroke – patient triaged CTAS Level 2

Emergency nurse completes assessment – medical directive in place to facilitate lab work, ECG, etc.

Emergency physician will assess patient & complete Emergency Physician Inclusion/Exclusion Checklist. rt-PA candidate?

Yes

Acute Stroke Team notified of potential rt-PA candidate by calling 705-730-7007

CT Technologist notified of next patient on CT table by calling 43466, if no answer call 66052

Transport to CT as soon as possible (RN to accompany) and urgent head CT completed

Decision regarding rt-PA

Yes

Follow rt-PA Protocol and infusion orders

No

Routine emergency stroke care managed by Emergency physician

If TELESTROKE call Criticall 1-800-668-4357 & request Telestroke

Plug in Tandberg at foot of patient stretcher Prepare for 2-way video conference

Routine stroke care

Goal: door to drug 60 minutes
Ward Clerk Responsibilities - Telestroke

**PRE – RT-PA:**
Proceed as usual for Acute Stroke Protocol
- Use order entry t-PA acute ischemic stroke set *(ThromboStat)* or downtime manual requisitions. Call 66100 for Lab Phlebotomist to pick up bloodwork
- Contact CT Technologist ASAP: 43466 or 66052 if no answer
- Use order entry unenhanced CT of Head or downtime manual requisition.
- Check on-call for acute stroke t-PA patients RVH Stroke Physician - **Use On Call schedule**

**IF TELESTROKE:**
Call CRITICALL 1-800-668-4357 & request a **Telestroke Consult**

Information to have available:
- Hospital Name
- Referring Physician name (or CPSO#)
- Patient location (ED or ICU)
- A call-back number (that is always answered – 66072)
- Patient name (1st & last), age, gender
- Provisional diagnosis (usually Stroke)
- Tandberg information (on green sticker on back of monitor screen) Usually will be System 0011 Camera 05

Move Tandberg Unit to patient’s room (Trauma 1-2 or 3-4) and plug power in to red power outlet & network cable into OTN jack (between heads of stretchers)

Turn Tandberg Unit on

1. On Power box, switch is just above the power cord
2. On camera, switch is on back, top left
3. Monitor is defaulted to on but if necessary, there is a power button on the front

**NOTE – IT TAKES THE SYSTEM 15-20 SECONDS TO POWER ON**

4. Post Telestroke sign on door to patient room for confidentiality purposes
- Bring laboratory results to attention of team caring for patient
- Contact Bed Allocation and advise that t-PA Acute Ischemic Stroke patient requires admission to ICU ASAP, once decision to give drug is made.
Post-Telestroke Consultation

- Fax completed *Billing Information for Telestroke Consultants* and RVH *ED Patient Registration Form* to the specific Telestroke Neurologist who participated in the protocol and video conference.

- Additional forms can be obtained @ [http://www.otn.ca/telestroke-site-information/resource-library/](http://www.otn.ca/telestroke-site-information/resource-library/)

- user name: strokeprogram
- password: telestroke

- File Telestroke Consult note on patient chart
QUIET
PLEASE
TELESTROKE SESSION IN PROGRESS
INSERVICE EVALUATION: OTN Telestroke

Date ________________________________
Please complete and return to Deb O’Dwyer

<table>
<thead>
<tr>
<th>1 - POOR</th>
<th>2 - FAIR</th>
<th>3 - GOOD</th>
<th>4 - EXCELLENT</th>
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</thead>
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**INSERVICE DESIGN**

1. Organization of Content
2. Applicability of Content
3. Pace of Content Flow
4. Opportunity for Questions/Discussion

**INSERVICE CONTENT**

1. Content met my expectations
2. Content provided clear direction
3. Quality of handout material

**COMMENTS**

1. What went well
2. Opportunities for improvement
3. Suggestions for follow-up sessions

NAME & NSG UNIT ____________________________________________

DATE ___________________

September 24, 2013