

## ***Protocol for Activating a Stroke Alert and Paging the Acute Stroke Response Team***

- Upon notification by EMS personnel that an incoming stroke patient meets specific criteria, as outlined in this protocol, the ED will call the operator to initiate a STROKE ALERT and the stroke team members will be paged with the text “STROKE ALERT” and the estimated time of arrival. For patients arriving to the ED by car or for patients with in-hospital stroke, the ED or treating hospital physician will determine if the patient meets specific criteria, as outlined in this protocol, and call a STROKE ALERT. Upon receipt of page, appropriate team members will promptly respond to the emergency department to evaluate the patient.

### Criteria for ED to call a STROKE ALERT for patients being transported by EMS:

1. EMS is transporting a patient with a suspected acute stroke (symptoms include sudden numbness, weakness or paralysis of face, arm or leg - especially on one side of the body; sudden confusion, trouble speaking or understanding speech; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance or coordination; or sudden severe headache with no known cause)
2. Symptom onset less than 5 hours [N.B. IV ALTEPLASE (t-PA) is approved only for treatment within 3 hours of symptom onset. Intra-arterial ALTEPLASE (t-PA) may be used within 6 hours of symptom onset for select patients].
3. Age greater than or equal to 18 years
4. Blood glucose is 50-400 mg/dL or is not available.
5. No severe trauma or witnessed seizure
6. Positive Cincinnati Stroke Scale obtained by EMS (facial droop, arm drift or abnormal speech)

### Criteria for calling a STROKE ALERT for patients who come to ED by car or for patients with in-hospital stroke

1. Suspected acute stroke (symptoms include sudden numbness, weakness or paralysis of face, arm or leg - especially on one side of the body; sudden confusion, trouble speaking or understanding speech; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance or coordination; or sudden severe headache with no known cause)
2. Symptom onset less than 5 hours [N.B. IV ALTEPLASE (t-PA) is approved only for treatment within 3 hours of symptom onset. Intra-arterial ALTEPLASE (t-PA) may be used within 6 hours of symptom onset for select patients].
3. Age greater than or equal to 18 years
4. Blood glucose is 50-400 mg/dL or is not available.
5. No severe trauma or witnessed seizure
6. Positive Cincinnati Stroke Scale obtained by ED or other hospital staff (facial droop, arm drift or abnormal speech).

### To Respond:

1. Neurology resident covering the ED
2. Stroke Center Co-Director and Nurse Practitioner (if available in house): Timothy Lukovits, M.D., pager 2410 and Robin Clark, A.R.N.P., pager 4440.

\*If team does not respond by phone or in-person within 10 minutes, have Operator repeat stroke alert page.

