

Goal of algorithm: To improve access to acute therapies and subspecialty care and to facilitate efficient and appropriate inter-facility transfer for patients with acute ischemic stroke.

I. Local EMS Transport of patients with suspected stroke (See NH EMS Protocol)

II. Initial Care in _____ ED

- A. Evaluation & Stabilization of Patient
- B. Determine if Stroke Alert Criteria Met: symptoms < 3hours duration, +Cincinnati Prehospital Stroke Scale (facial droop, arm drift or abnormal speech), age 18 years or older, blood glucose 50-400 mg/dl, no recent major trauma or seizure.
- C. Obtain CT scan and necessary bloodwork and make initial orders for possible TPA- eligible patients (see TPA Order Set).

III. Determination of Treatment Options

Neurology coverage: TBD.

- A. Contact DHMC Lebanon Neurology by calling (603) 650-5000. Ask operator to page a “Stroke Alert” and include the following text with the callback number: “possible TPA candidate at _____.” The Neurology Attending may be paged directly if no callback within 2 minutes.
- B. Establish Telemedicine link (ED to ED).
- C. Transfer CT image for reading by DHMC Neuroradiologist.
M-F, 8am -5pm, CMC CT technologist calls (603) 653-0683 to request TELESTROKE reading. Evening, nights and weekends, _____ CT tech calls (603) 650-5000 and asks for Radiology Resident on call. In both instances, _____ CT must fax a req. to (603) 650-3526, indicating that a telestroke protocol exam is going to be pushed from _____ PACS to DHMC PACS.
- D. Minimum information to share with Neurologist (use telephone if telemedicine link delayed): Physician name and callback number, patient name and DOB, symptoms and time last normal, estimated weight in kg, time last normal, exam findings, lab results if available (CBC, glucose, INR if on Warfarin, PTT if exposed to heparin), CT findings if available, possible exclusion issues, family member or proxy name and contact number.
- E. _____ to obtain adequate dose of TPA at bedside (UNOPENED), needed tubing and pump.
- F. Patient evaluated including a NIHSS scale, CT is reviewed, and criteria are applied.
- G. _____ ED physician with the input of the Neurologist, and DHMC Neuroradiologist makes the final decision regarding treatment.
- H. _____ begins administration of TPA (see TPA Order Set)
- I. If transfer is requested, the DHMC Lebanon Resident contacts the ACOS (ext. 5-5152 or pager 5152) and confirms ability to accept patient to DHMC ED, and makes return call to _____ ED. If ICU bed will clearly be needed (e.g. mechanical ventilation), DHMC Neurology Resident and the ACOS will also contact the Critical Care Fellow (pager 2419). _____ ED selects most appropriate mode of transport based on patient condition and availability of staff for transport. DHART (ground or air) is available to assist at: 1-800-650-3222 (or from DHMC ext. 5-4600).
- J. If not eligible for IV TPA, eligibility for other therapies including IA (intra-arterial) thrombolysis (usually a 6 hour window), endovascular embolectomy (usually an 8 hour window) are considered.
- K. If patient not to be transferred at that time, discuss contingency plan for transfer at a later date, or evaluation in the DHMC Lebanon Urgent Clinic or Stroke Clinic.

IV. Post t-pa Care at _____ and during transfer (see TPA Order Set)

V. DHMC provides feedback to _____ ED regarding outcome

VI. Algorithm modified based on performance and future treatment options