

Washington DC VAMC Inpatient Code Stroke Flow

Stroke Team Leader (MICU Resident) Actions

Delegate duties as needed

Code Stroke Activation Criteria Confirmed

- Complete stroke screening/triage report on reverse side
- **Activate Code Stroke** → **Call 5-5000**
- **Provide report to Telestroke Triage @ 469-627-4790**
(Back up number 224-240-7890)

Lead Safe and Rapid Transport to ED CT

- Ensure IV, monitor, BG
- Hold anticoagulation (unless strongly contraindicated)
- Optimize for CT prior to transport (ABCs)
- Delegate "Telestroke" Orderset Order Entry

10 mins

Assessment and Teleneurology Consultation*

1. Obtain STAT Head CT w/o Contrast
2. Hx/PE/patient weight +/- draw labs/NIHSS
3. Other Diagnostic Tests as needed: CTA Head&Neck/MRI

20 mins

TPA Candidate (Significant Stroke/LKW <4.5hrs):

- Code Stroke RN to MICU: setup iPad & reconstitute tPA
- **Timeout #1*** (b/t Teleneurology & Local Physician in CT):
 - tPA indicated: Stroke symptoms/Last Known Well
 - No contraindications known
 - Informed consent obtained/emergent consent
 - Weight based dose of tPA calculated
- Patient transports to ICU for TPA
- **Timeout #2*** (Teleneurology/Code Stroke RN in MICU)
 - Dose calculations (total, waste, bolus, & infusion)
 - Treat so BP < 185/110 and BG >50 <400
- **TPA Administration:** 1) Bolus 2) immediate infusion

Large Vessel Occlusion (LVO) or Intracranial Hemorrhage:

- **Initiate Interfacility Transfer** → **Call for accepting physician**
 - ICH → Walter Reed is first call @ 301-295-2621
 - LVO or backup for ICH → WHC @ 844-877-2424
- Patient transfers to MICU awaiting interfacility transfer
- Receiving facility: Medstar WHC 202-877-7236
- Transfer to accepting facility

If Stroke, Not TPA Candidate or Declines TPA

- To PCU for Q4 hour neuro checks

If No Stroke/Other Diagnosis

- Revert to RRT Disposition Process

TPA 45 mins

Roles Specific Responsibilities

Nursing Duties (Primary and/or RRT RN)

- Check FSG → report to team leader
- Attach Monitor, Full Vitals, Q15 min BP
- Continuous Tele, Pulse Ox, and RR
- Ensure 20g IV, draw CBC, BMP, Coags
- Lab draws after initial CT if pt has IV
- Brings lab draw supplies to CT if deferred

Physician Duties (Primary or RRT MD/DO)

- Notifies primary team to respond
- Enters "Telestroke" order set orders:
 - NPO except meds
 - NCCT, CTA, CBC, BMP, PT, PTT, INR
- Reviews EMR for Labs/PE baseline/Hx
- Establishes EMR connection at ED CT
- Provides baseline patient information
- Facilitates surrogate consent

Code Stroke RN Duties

1. Respond to ED CT to connect iPad
- After Initial CT Scan:
2. Facilitates iPad consultation/HIPAA
 3. Zeros bed & records patient weight
- If TPA Candidate:
4. Goes to MICU; sets up iPad
 5. Reconstitutes tPA
 6. Performs Timeout #2 w/ Teleneurology
 7. Prepares & administers tPA

ED CT Technician

- Expedites all imaging processes

*Call Local Neurology Consult/Pharmacy

- If Teleneurology support unavailable

Other Interfacility Transfer Numbers:

- GWU: 202-715-4562 (LVO/ICH)
- INOVA Fairfax: 703-776-4001 (LVO/ICH)

APPENDIX A: Inpatient Code Stroke Triage Form

Inpatient Code Stroke Activation Criteria (must meet full criteria of #1 or #2):

Criteria #1

Last Known Well Time <8 Hours	AND ONE of the following:	Balance: Difficulty Walking		
		Eyes: Vision Loss or Diplopia	Left	Right
		Face: weakness/droop/numb	Left	Right
		Arm: weakness/numbness	Left	Right
		Leg: weakness/numbness	Left	Right
		Speech: aphasia	Expressive	Receptive

*Circle all finding details above

Criteria #2

Last Known Well Time: <23 Hours	AND	Sudden Onset Hemiparesis	AND ONE of the following:	Vision: Loss, Gaze Deviation	Left	Right
				Aphasia:	Expressive	Receptive
				Neglect- entire side of body	Left	Right

* Circle all finding details above

Inpatient Telestroke Triage Report: Call 1-844-488-6877 (1-469-627-4789)

MICU Physician Name	
Callback Number (cell)	
Location/Time Zone	Washington, DC VAMC/Eastern Standard Time
Patient Name	
Patient Last 4	
Stroke Symptoms	
Time Symptoms Found	
LKW Time	