

ED CODE STROKE PATHWAY

Suggested Acute Stroke Team Members:
 ED physician
 ED nurse
 Pharmacist
 CT technologists
 Radiologists
 Phlebotomist
 Data coordinator
 Time keeper/scribe
 Patient registration

Patient in the community experiences symptoms concerning for acute stroke

LKW/Onset of symptoms

Patient transported to Hospital via **POV**

Patient transported to Hospital via **EMS**

Patient arrives at ED via **walk-in**
 Patient met by Triage Nurse in the ED
BE-FAST Stroke Screen performed

EMS establishes symptom onset/time **LKW**
 Asks **3 lytic questions & obtains contact information for witness and POA**
Pre-notifies hospital of potential stroke patient

T = 0

Patient arrives at ED via EMS

ED Code Stroke is activated

ED Nurse:

- Checks vital signs
- Ensures 2 large bore IVs in place
- Check FSBS (if not done by EMS)
- Sends STAT labs
- Weighs patient
- Pt is kept NPO with HOB at 30°
- Swallow screen after acute work up complete
- ECG after acute work up is complete

Acute Stroke Team evaluates patient at the door

Rapid assessment for stability; Place STAT order
 Perform **FAST-ED Score**
If FAST-ED ≥ 4 , start process for EMS transport to a thrombectomy capable center at this time

ED Physician:

- Confirms presentation is consistent with acute stroke
- Confirms symptom onset/time **LKW**
- Clarifies any "yes" answers to the **3 lytic questions & reviews Lytic Eligibility Criteria**
- Completes **NIHSS after CT/CTA**

Urgent Stroke Question Identified

- Potential lytic candidate
- Potential endovascular therapy candidate
- Other specified urgent stroke question

Use an **ED Acute Stroke Order Set**

See **Dual Antiplatelet Therapy in TIA/AIS**
 Consider non-urgent Neurology consult

No

Yes

Page TeleStroke/Neurology Consultant

T \leq 10 min

Lytic should be ordered **immediately** after head CT excludes hemorrhage and can be given prior to CTA if obtaining the CTA is causing a delay in administration.

Patient transported directly to CT scan STAT
CT head + CTA head and neck performed;
Radiologist notified to read scans STAT

T \leq 20 min

In person/Video Neurology Consult

T \leq 30 min

Patient triaged to the appropriate level of care for further management and work up

lytic candidate?

No

Yes

Lytic ordered STAT and initiated ASAP;
 Follow *Pre and Post-lytic BP Protocols*

T \leq 45 min

Use an **ED Thrombolysis for Stroke Order Set**

EVT candidate?

Yes

STAT Transfer to a thrombectomy capable hospital
Lytic candidates should receive lytic prior to or during transfer

T \leq 90 min

Use the **EMS Stroke Inter-facility Transfer Order Set**