

Recommendations for Establishing an Inpatient Code Stroke Process

1. Identify at least one Physician Champion and one Nurse Champion for Inpatient Stroke
 - a. Champions should have some knowledge or interest in stroke care
 - b. These individuals will serve as the primary points of contact for any issues that arise with patient care related to an Inpatient Code Stroke
 - c. These individuals will be responsible for reviewing cases and communicating any necessary feedback to the inpatient services, as well as addressing any quality, safety or performance concerns
 - d. These individuals will be responsible for updating inpatient teams with any programmatic changes
2. Staff education:
 - a. All hospital staff must be educated on recognizing the symptoms and signs of stroke and what action should be taken should they be concerned a patient is having a stroke
 - b. Members of the Inpatient Code Stroke Team must have additional education regarding the appropriate examination and physical findings that suggest stroke and the correct process to follow when encounter a suspected stroke patient; this education should be recurrent, such as biannually or annually
 - c. A provider familiar with how to conduct a standardized neurological assessment, such as the performance of the NIHSS, and be able to order thrombolysis for stroke must be part of the Inpatient Code Stroke response team
3. A written protocol for the Inpatient Code Stroke process must be created and include:
 - a. The roles and responsibilities of each the designated members of the Inpatient Code Stroke Team
 - b. Identification of the provider responsible for ordering stroke thrombolysis (e.g. the inpatient attending, a Hospitalist, an ED physician, an ICU physician)
 - c. A designated place where the thrombolytic will be stored and how it will be brought to the patient
 - d. Identification of where the thrombolytic will be administered (e.g. ED, ICU, floor bed with ICU nurse)
 - e. Identification of the nurse who will administer the thrombolysis (e.g. ED nurse, ICU nurse) who has tPA or TNK administration within their scope of practice
 - f. Pre and post-thrombolysis blood pressure monitoring and management protocols
 - g. If a telestroke system is part of the process, where the equipment will be stored and where the video consultation will take place must be agreed upon
 - h. Where post-thrombolysis care will take place (e.g. ED, ICU, transfer to another hospital) and who will be responsible for directing that care
 - i. If post-thrombolysis patients are not cared for locally, a clear transfer process must be in place
 - j. Given the infrequency of this time-critical event, it is recommended that Mock Inpatient Code Stroke occur with regularity, such as biannually.
4. Recommended Order Sets to assist in expedient stroke care
 - a. Inpatient Code Stroke
 - i. This order set should include (at a minimum) orders for stat head CT, CTA head and neck, stat labs including a coagulation panel and platelets, a neurology or telestroke consult order (where available) and the appropriate dosing of thrombolytic and BP parameters before and after thrombolysis
 - ii. The appropriate dosing of both tPA and TNK are weight-based and a mechanism for obtaining an accurate patient weight prior to thrombolytic administration is highly recommended
 - b. Ischemic stroke post-thrombolysis orders
 - c. Post-thrombolysis complications order sets (hemorrhage and angioedema)
5. A mechanism for obtaining consistent post-thrombolysis NIHSS is strongly encouraged so that outcomes can be systematically assessed
6. Additional training and protocols are necessary if remote neurological consultation (i.e. telestroke) is part of the Inpatient Code Stroke process, including:
 - a. A shared imaging platform
 - b. Staff trained to assist the telestroke neurologist perform the neurological assessment
 - c. Staff must be familiar with how to use telestroke equipment
 - d. Telestroke Superusers must be identified to train staff and trouble shoot equipment failures

Reference: Identifying Best Practices to Improve Evaluation and Management of In-Hospital Stroke: AHA Scientific Statement. *Stroke*. 2022;53:e165–e175