ERLANGER ED STROKE PAGER PROTOCOL

F – facial weakness

A – arm weakness

S - speech (slurred or aphasic)

T - time - call pager STAT

V – sudden vision problem

CT table to be prioritized For Level 1 and Level 2 For Level 3, CT ≤ 30 minutes

LEVEL 1 & 2 GOALS

- MD Sees Patient Immediately
- Door To IV tPA < 30 min
- Door to Groin Puncture < 60
 Door to Reperfusion < 90

LEVEL 1:

Patient with

 stroke symptoms
 (+ FASTV exam)
 with last known
 well (LKW) less
 than 24 hours

Or

Patient who has received IV Alteplase from referral hospital

Or

 All Intraparenchymal hemorrhages

Call Neurosurgery for All SDH, Epidural, or SAH

LEVEL 2:

- Patient with stroke symptoms (+ FASTV exam) with LKW within 24-72 hrs
- If > 72 hr, consult neurology @ 844-439-5399 instead

LEVEL 3:

TIA Patients
 Symptoms
 have <u>fully</u>
 resolved

NEUROIMAGING PROTOCOL

FOR LEVEL 1 & 2:

Obtain non-contrast CT brain & CTA brain & neck. IF LKW 6-24 hours and EVT candidate, also do CTP

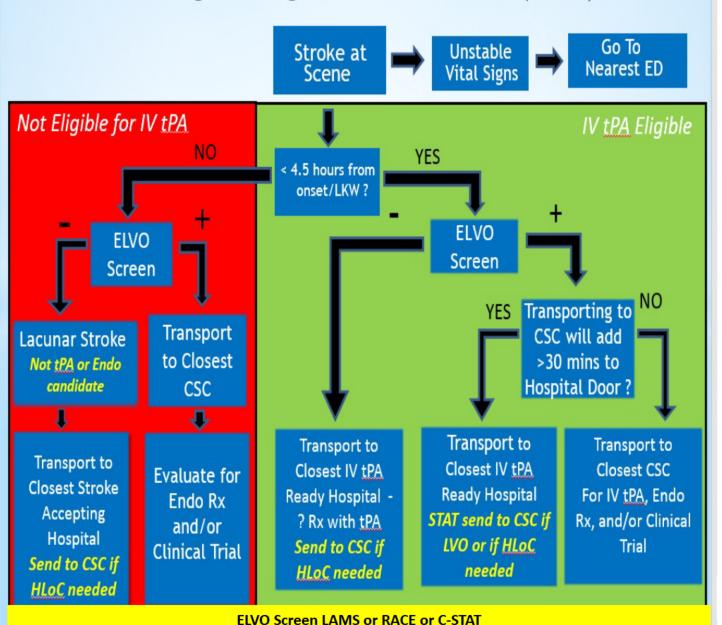
If LNW < 6 hours, do CTP at neurology discretion.

LEVEL 3:

Obtain non-contrast CT brain & do CTA brain & neck if possible



EMS Algorithm For Transporting Emergent Large Vessel Occlusions (ELVO)





Patient ED Throughput Process

Prehospital
Provider
Notification
of Stroke
Patient in
Transport
(Stroke Team
Alerted)



Clinician Performs Neuro Evaluation & NIHSS Exam En Route to CT

ED Staff Performs "Quick Registration" & Places STROKE Orders

"All Quiet"

Stroke Team, ED MD, RN Receive Report from Prehospital Provider (LKW, Medication List, Family Contact Phone #, etc)

RN Ensures Proper IVs Placed, Labs Drawn - Perform ISTAT labs

If Bleed, Execute ICH Protocol



Perform & Interpret Non-Contrast STAT Head CT Brain

If Eligible, Administer IV t-PA Emergently

Then, Perform CT Angiography Head & Neck to Screen for LVO (if renal function normal)

If Patient is a Candidate for Late Window EVT (6 – 24 hrs), Perform Penumbral Imaging (CT Perfusion)

(if < 6 hrs, defer CT perfusion to neurologist)

IF Eligible, Send Patient for EVT Emergently

Patient
Presents
Directly
to ED

Treatment Goals

Patient Straight to CT
MD exam en route to CT
Door to Needle < 30 min
Door to Groin < 60 min
Door to Reperfusion < 90