VMC Emergency Department: Code Stroke Algorithm

**EMS Stroke Alert**
- Complete pre-hospital stroke Scale
- Establish onset or time of last known well
- East Care to notify internal switchboard
- Switchboard to activate code stroke

**Walk-In/Personal Transportation:**
- Assess ABC’s and complete neurological assessment
- Establish onset of symptoms of time of last known well
- If <24 hours, activate “code stroke” by dialing 7-4333

**ED Stroke Response Team:**
- Immediate neurological assessment / NIHSS completed in collaboration by ED Nurse and MD
- Implement “VH: Code Stroke Protocol”
- Complete STAT head CT / CTA / CTP, as deemed clinically appropriate
- Review of patient history and determine patient’s inclusion / exclusion criteria for alteplase administration

***Primary Nurse and MD should remain available for SBAR reporting to Neurologist***

Is the patient a candidate for Alteplase/Tenecteplase and / or Mechanical Thrombectomy?

- NO
  - Admit patient for stroke work up, as deemed clinically appropriate

- YES
  - Neurologist to review thrombolytic risk/benefits with patient/family and obtain informed consent
  - ED Nurse to administer alteplase/tenecteplase as ordered
  - If candidate for mechanical thrombectomy, immediately transport patient to Vascular Interventional Radiology (VIR)
  - Patient to be admitted to ICU post-thrombolytic administration and / or mechanical thrombectomy

**GOALS: (From Arrival to the ED)**
- Door to Provider < 15 min.
- Door to CT Scan < 20 min.
- Door to CT Results < 45 min.
- Door to Lab Results < 45 min.
- Door to EKG Results < 45 min.
- Door to Thrombolytic < 60 min.
- Door to Puncture < 90 min.
- Door to Revascularization < 120 min.