UPDATE Nov 24th, 2015

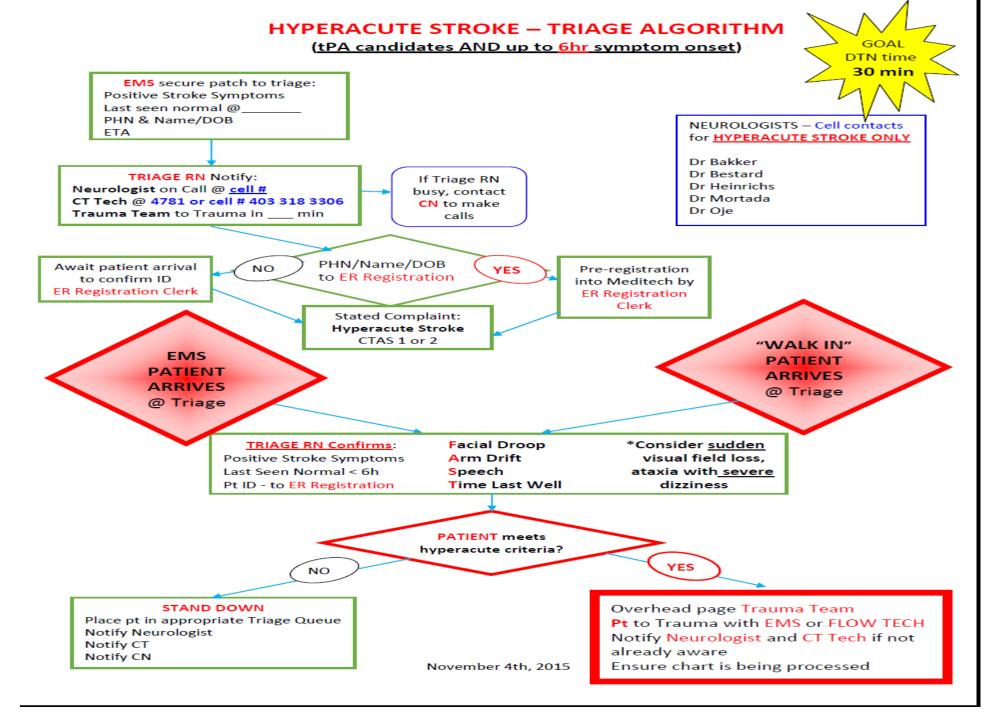
Since the 1st learning session we have implemented our new hyperacute stroke response

HYPERACUTE STROKE – TRIAGE ALGORITHM

(tPA candidates AND up to 6hr symptom onset)

HYPERACUTE STROKE – TRAUMA ALGORITHM

(tPA candidates AND up to 6hr symptom onset)



HYPERACUTE STROKE – TRAUMA ALGORITHM

(tPA candidates AND up to 6 hour symptom onset)

DTN time 30 min

HYPERACUTE STROKE PATIENT

Arrives to Trauma Room with EMS Pt stays on EMS stretcher Ensure chart is being processed

HYPERACUTE STROKE PATIENT

Arrives to Trauma Room with Flow Tech Pt onto Trauma stretcher - obtain wt Ensure chart is being processed

EMS/Flow Tech relay quick hx to TRAUMA TEAM, ED PHYSICIAN &/or NEUROLOGIST

Neurology &/or ED DR

RAPID ASSESSMENT ONLY Confirm Hyperacute criteria Order Suspected Stroke Protocol Call Radiologist Order CT/CTA Head & Neck

Sign req

Trauma Nurses - Rapid Assessment Only

Ensure VS NVS and CBG done Ensure IV x 2 - at least one 18 G

- CTA compatible cap no extension
- draw labs with start if able
- *No need to undress pt
- *Avoid indwelling catheter
- *Direct Lab to collect STAT in CT if not done in Trauma

Unit Secretary

Call CT to confirm pt arrival **Enter Suspected Stroke** Order set into Meditech Place Suspected Stroke and tPA protocols on chart Fax reg or send with pt ECG & CXR after tx decision

PATIENT confirmed hyperacute?

NO

STAND DOWN

Unit Secretary - Notify CT & CN Trauma Team - Transfer pt to trauma stretcher and proceed with assessment and treatment

PATIENT to CT with Trauma Team and EMS if present

Trauma Team brings trauma bed, CT reg, tPA protocol (for Neurology to complete)

EMS departs with stretcher once pt on CT table

CT/CTA COMPLETE

Neurologist - communicates tPA tx decision to Trauma Team One RN begins tPA preparation in trauma room

tPA recipient

If pt to be transferred for endovascular therapy, CN will coordinate with neuro. & RAAPID

GOAL Door In Door Out 45 min

November 4th, 2015

tPA ADMINISTRATION

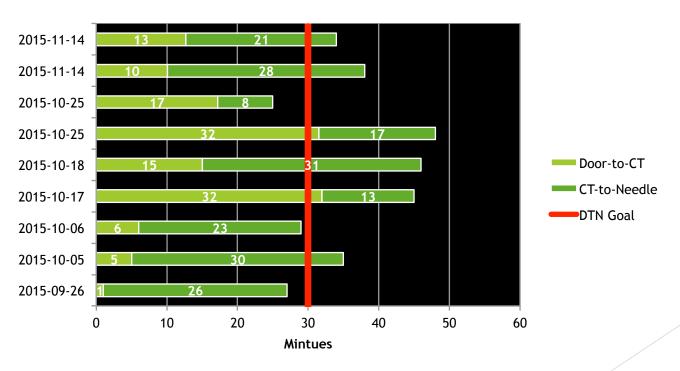
Move pt onto trauma bed from CT Obtain pt weight for dosing if not done Pt returns to Trauma room for tPA administration as per protocol Admit to ICU or transfer out for **Endovascular Therapy**





IMPACT

Door-to-Needle Times



IMPROVEMENT

- Previous DTN @ RDRHC ED = 78 minutes
- Current DTN @ RDRHC ED = 35 minutes
 - (Sept 26th Nov 14th 9 pts)

WHAT NEXT??

Continued improvement to consistently achieve
DTN 30 minutes or lower

- Sustain the momentum
 - ► Communication share successes and challenges
 - ▶ Feedback to all team members
 - ► Friendly competition??



