KHSC Local Telestroke Protocol- Draft 4 April 8 2020

For use when Neurologists capable of covering Stroke are not available to attend Acute Stroke Protocol in person due to requirements for self-isolation, quarantine or sickness.

The Regional Stroke Program will engage the following stakeholders in the development/review of this process and in any related communication:

- Regional Stroke Medical Director or delegate
 - a. Local Telestroke Neurologists
 - b. Residents on stroke service call.
 - c. ED Physician lead, Dr. Terry O'Brien
 - d. Head of Radiology, Dr. Omar Islam
- Regional Stroke Director or delegate
 - e. ED Manager, Jackie Kehoe-Donaldson who will engage charge/others as needed
 - f. CLS covering ED, Laura McDonough
 - g. DI Manager Kelly Hubbard and Senior CT technologist Barb Delaney

Scenario involves Telestroke with Stroke Neurologist and Resident on-call representing Neurology; used when only 2 stroke neurologists remain available. Off service/call residents would be expected to go through this document at the beginning of their rotation and be familiar with the protocol including Appendix A.

The <u>attending physician on stroke service</u> is responsible for ensuring that all off service residents rotating through the stroke service BE OBSERVED performing the modified NIHSS within 48 hours of start on the Stroke Service.

Telestroke: main telestroke workflow change is tPA is administered in ED vs CT

Scenario A: Telestroke with Resident on-call

- 1. EMS Pre-notification provided to Resident on call AND Stroke neurologist on call.
- 2. ED Nurse or delegate turns on the telestroke workstation and places it in position in area A
- 3. On patient arrival, ED nurse follows usual protocol while resident gets the brief story from EMS, assesses the patient and takes the patient to CT Scan with the nurse and EMS.
- 4. The resident and neurologist discuss the case over the phone during the CT scan. Option for the neurologist to talk to EMS if needed to clarify history.
- 5. Neurologist calls ER to ensure Telestroke system is on/ready
- 6. The neurologist reviews the image live during this process using RAPID app
- 7. The resident is present with the patient at bedside all along and upon return from CT, signs into REACTs telemedicine platform.
- 8. The neurologist comes live on Telestroke when the patient is back from the CT.
- 9. All information regarding the CT Scan, Treatment decision, options available will be discussed with the patient by the resident and telestroke neurologist.
- 10. If decision made to deliver tPA \rightarrow resident administers
- 11. If EVT proceeds AND no Neurologist capable of covering stroke available in person → Telestroke neurologist discusses imaging/case with IVR and resident; patient taken to IVR; resident supports IVR in ongoing neuro assessment as required

Appendix 1- Simplified Stroke Examination

- 1. Impaired level of consciousness? Yes or No.
- 2. Gaze towards one side? Yes or No.
- 3. Sees hand waving on both the left and right side? Yes or No.
- 4. Able to raise arm to 45 degrees for 10 seconds without drift? Yes or No.
- 5. Able to straight leg raise with heel 6 to 12 inches off bed? Yes or No.
- 6. Speech impaired? Yes or No.
- 7. Feels tap on left shoulder? Yes or No.

Still to be determined: Telestroke unit storage location & charging process; resident signing into REACTs