

KHSC-KGH Site INTERNAL ACTIVATION of the ACUTE STROKE PROTOCOL

SIGNS of STROKE

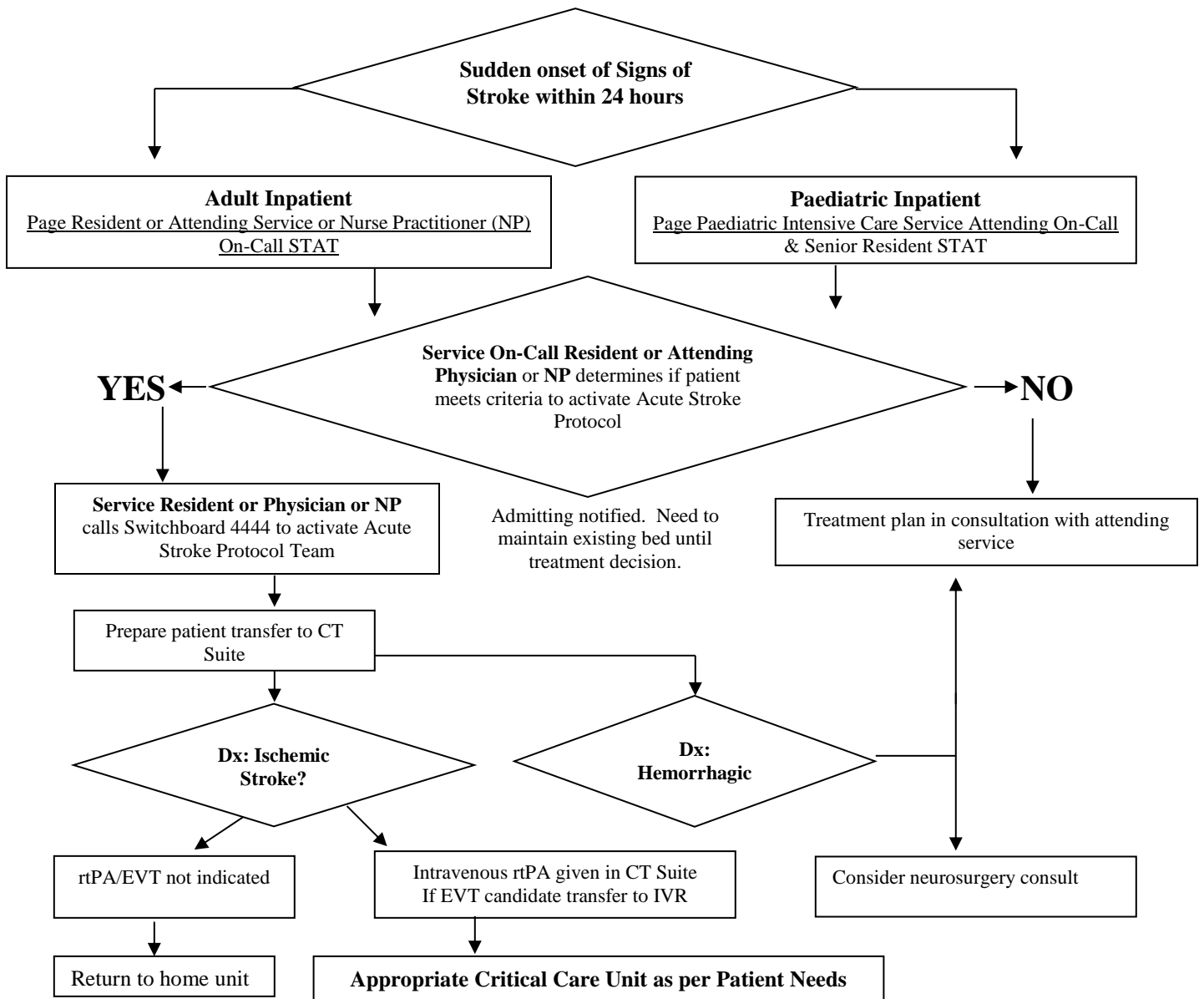
FACE: Is it Drooping?
ARMS: Can you Raise Both?
SPEECH: Is it Slurred or Jumbled?
TIME to page Service On-Call STAT

UPDATED
July 2019

Please act quickly to initiate appropriate assessment

Intravenous rtPA and/or Endovascular Thrombectomy (EVT) can significantly reduce the effects of stroke if given to appropriate stroke patients. The earlier treatment is given, the greater the potential for recovery.

Process for the Internal Activation of the Acute Stroke Protocol



Note: Acute Stroke Protocol packages and rtPA are kept in ED, D4ICU, CSU, Cath Lab and RACE Team

Nursing support will be provided from RACE Team as required.

CSU and Cath Lab will manage their own internal stroke protocols Monday to Friday 0800-1600 hrs only.

KGH Outpatients & visitors who develop signs and symptoms of stroke will go to the ER.

Exceptions are: (1) Cardiac Catheterization Lab patients will usually go to CSU; (2) PACU, post op OPPU & SDAC patients will usually go to D4ICU. (Nursing support as noted above)

Preparation of internal stroke patient for CT scan and for rtPA administration and/or EVT:

RN Responsibilities:

- **Recognize** the signs of stroke.
- Act **quickly**; be mindful that time is BRAIN.
- Notify the **Attending Service** stat and communicate the patient's signs of stroke.
- If Attending Service activates stroke protocol, **prepare the patient:**

- Monitor vital signs and stroke scale using Canadian Neurological Scale, cardiac and SpO₂ monitoring, glucometer reading, change to gown, remove jewelry on ears and neck/face.
- Blood work (CBC, PT/INR, PTT, lytes, urea, creatinine, glucose, troponin, TxH packed red blood cells); establish 2 IV lines (18 Gauge needle in Right Arm to permit use of high injection velocity used in CT angiography) unless contraindicated. rtPA requires a dedicated IV line.

- Accompany to **CT Scan Suite**.
- +/- IV rtPA administered in CT Scan Suite.
- If EVT candidate, insert foley urinary catheter if ordered.

- Continue monitoring vital signs and neuro status q 15 min.
- **Communicate** with critical care unit **charge nurse** regarding bed transfers if patient receiving rtPA and/or EVT.
- Contact Manager or the Administrative Coordinator to arrange RACE nurse coverage if needed.
- **Assist in transport** and transfer care to receiving critical care unit nurse and/or IVR nurse (if EVT).
- Implement Ischemic Stroke Thrombolysis/EVT Order Set.
- Implement Ischemic Stroke Collaborative Care Plan.

Questions? Contact:

- **Stroke Specialist Case Manager** x 2830/vocera
- **Clinical Educator, Neurosciences** x 4083/vocera
- **Administrative Coordinator** after hours

Revised July 30, 2019