Toronto Stroke Networks

WALK IN CODE "STROKE" PROTOCOL
PATIENT IN EMERGENCY DEPARTMENT OF NON-REGIONAL STROKE CENTRE

INDICATORS FOR PATIENT REDIRECT OR TRANSPORT UNDER STROKE PROTOCOL

Redirect or transport to a designated stroke centre will be considered for patients who:

Present with a **new onset** of a focal neurological deficit with at minimum **one** of the following symptoms suggestive of a significant stroke:

- Unilateral arm/leg weakness or drift
- Slurred speech or inappropriate words or mute

And

- Patient is within 4.5 hours of a clearly determined time of symptom onset or the time the patients was "last seen in a usual state of health".
- Note: If symptoms are mild, or there are other questions/concerns about the possible indication for patient transfer to the RSC, STAT page the RSC Stroke Neurologist on call to discuss the patient's case.

SAMPLE

CONTRA-INDICATIONS FOR PATIENT REDIRECT OR TRANSPORT UNDER STROKE PROTOCOL

Any of the following conditions exclude a patient from being transported under Stroke Protocol:

- Uncorrected airway, breathing or significant circulatory problem.
- Deteriorating level of consciousness with uncontrolled airway. Advanced EMS transport is appropriate when stable.
- Blood sugar <=3 mmol/L with deficits that resolve after administration of dextrose
- Terminally ill or palliative care patient

Relative contra-indication

- Pre-stroke baseline function - fully dependant
- Seizure at onset of symptoms or observed emergency department physician. Contact Regional Stroke Centre (RSC) if unsure of diagnosis.

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Emergency Department Code Stroke Process / Algorithm:

If patient arrives at non-RSC ED with hyper-acute stroke symptoms:

1. Apply stroke protocol indicators to determine if patient meets criteria for transfer to RSC
2. Contact with RSC stroke neurologist[1] if diagnosis uncertain OR stroke symptoms are mild
3. Orders:
   a. Large bore IV (saline)
   b. Blood work to include:
      i. INR, CBC, glucose, creatinine and electrolytes

      (Phone receiving RSC ED nurse in charge with blood results if not available at time of transfer. Fax results when available to RSC)
   c. **No** CT SCAN required
4. Call EMS and identify need for **"Emergency Transfer Code Stroke Patient"** either **"Code Stroke Stable"** or **"Code Stroke Unstable" 416-489-2111** or use dedicated EMS phone line.

   "Unstable" for EMS transfer purposes means:

   - Requiring ventilatory support, or
   - Requiring inotropic support (Dopamine), or
   - Having sustained a cardiac arrest at any time in this episode of care
5. Complete Code Stroke transfer form and send with patient along with copy of patient chart

SAMPLE

[1]

STAT Page **Stroke Neurologist/Stroke Team on call** at Regional Stroke Centre: Community hospitals are associated with the following Regional Stroke Centre's		
St Michael's RSC 416-864-5431	**Sunnybrook RSC** 416-480-4244	**UHN – TWH RSC** 416-790-0277
Toronto East General Hospital	North York General Hospital	St Joseph's Health Centre
Rouge Valley Health System	The Scarborough Hospital	Humber River Hospital
		Mount Sinai Hospital
		UHN – TGH

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6. Pre-notification: Community hospital ED physician to contact on call stroke neurologist at RSC (if not previously contacted) to notify of Code Stroke transfer.
7. EMS will contact receiving RSC emergency department when patient on route

If patient does not meet **Code Stroke** protocol indicators but acute stroke is determined:

1. Determine medically stable
2. Admit to stroke unit
    a. If no stroke unit, contact Toronto EMS for non-urgent transfer to nearest appropriate hospital with an acute stroke unit (only applies to the following facilities: MSH and UHN-TGH transfer to UHN-TWH, TSH-Birchmount transfer to General site)

Repatriation

Stroke patients who are medically stable and no longer require the specialized services of a Regional Stroke Centre will be repatriated to the sending hospital if it is a stroke unit hospital and if not, to the nearest appropriate stroke unit hospital. Patients who are determined to be non-stroke on arrival at RSC will be repatriated to the sending hospital. If patient has active medical issues being managed at another RSC, consideration may be given for repatriation to the alternate RSC if in the patient's best interest.

SAMPLE