ACUTE STROKE PROTOCOL

ED Charge Nurse
Switchboard to activate Stroke Protocol

Patient arrives to ED
Neurologist and/or Neurology screen for stroke
Patient begins the Stroke Protocol assigned to Stroke Specialist Case Manager

IVR Team of Imaging and EVT patient?

Neurologist signs consent for EVT treatment from family
Neurologist obtains written consent for EVT treatment
Neurologist notifies on-call Neurologist going for EVT
Neurologist returns to ED
Neurologist administers IV tPA

First Hour

IVR RN and ED Nurse gives handover report to Neurologist

~ 30 minutes

Neurologist confirms suitability of EVT patient??
Neurologist with patient 
Kidd 2 CN notifies IVR CN
IVR RN notifies ED RN
ED RN notifies D4ICU CN
D4ICU CN notifies Admitting and patient placement

~ 60 minutes

IVR Team of EVT patient??

Neurologist and IR reviews all

~ 90 minutes

Two IR's perform procedure with 2 IVR RNs and 2 IVR Technologists

~ 40-50 minutes

Patient is prepped for IVR procedure

~ 30 minutes

Patient is a transfer to Stroke Unit

~ 60 minutes

Sheath is removed after 24 hours by Stroke Unit ICU RN

~ 90 minutes

Patient is stable and transferred to Stroke Unit

1. Diabetes
2. Chronic kidney disease
3. Good collateral score
4. Contrast allergy
5. Concern for renal impairment
6. Good collateral score
7. Stenosis
8. Metabolic abnormality
9. Stroke Subtype
10. History of Stroke

Abbreviation Key:
ED - Emergency Department
EVT - Endovascular Thrombectomy
IR - Interventional Radiologist
P & P - History and Physical
CT Scanning - Computed Tomography Scanning
IVR - Interventional Radiology
Kidd 2 ICU - Critical Care Intensive Care Unit
CTA - Computed Tomography Angiography
ESCAPE - Emergency Stroke Care Process Assessment
ASPECTS - Alberta Stroke Program Early CT Score
IV - Intravenous