TITLE
CLIN_183 CODE STROKE

APPLICABILITY
EDWARD HOSPITAL

POLICY STATEMENT
Code Stroke policy defines the set of actions that are initiated for patients who present with signs and symptoms of a Stroke.

DEFINITIONS
Code Stroke: Code called for a patient with clinical evidence of a new onset stroke with symptoms that have started within 8 hours.
Stroke Yellow: Set of actions activated when a patient presents with evidence of acute stroke and with symptoms for more than 8 hours.
Personnel: staff who are alerted by page:
- Code Stroke:
  - On-Call Neurologist
  - Neuro Sciences APN
  - Neurointerventional Physician
  - Stroke Coordinator
  - CT Tech
  - MRI Tech
  - ED Director, Clinical Leaders, Charge Nurse, and Clinical Educator
  - CNICU Charge Nurse
- Stroke Yellow:
  - Stroke Coordinator

ESI: Emergency Severity Index – triage guideline
Rapid Response Team (RRT): A team of designated professionals that may include a Critical Care Nurse, Respiratory Therapist, Advance Practice Nurse or Hospitalist who respond to staff concerns about the change or substantive deterioration in a patient’s condition with the primary focus of assisting the bedside nurse with rapid assessment, communication and stabilization of the patient. Excludes obstetrical emergencies as outlined by the Emergency/Crash Cesarean Section Response Team.

PROCEDURE
I. Guidelines for Initiating Code Stroke/Stroke Yellow in Emergency Department (ED)
   A. Utilizing the National Stroke Association Face; Arms; Speech, and Time (FAST) screening tool, the ED nurse calls a Code Stroke when any of the following hard findings have occurred within 8 hours:
      1. Unilateral weakness- hemiplegia or facial droop except for Bell’s palsy
      2. Cannot talk - aphasia/dysarthria
      3. High risk – prior stroke atrial fibrillation or PFO – that come the emergency
department with any acute neurological symptoms under 8 hours duration

B. Any other patient with possible stroke is made an ESI Level 1 or 2 and the ED physician is notified to evaluate the patient. The physician then decides if a Code Stroke is called.

C. A Stroke Yellow is activated when a patient presents with Stroke symptoms that began more than 8 hours ago or had symptoms that are now resolved; as with patients experiencing a Transient Ischemic Attack.

D. The Code Stroke or Stroke Yellow is activated by calling 75555 and the appropriate personnel are paged

E. Code Stroke is not called while a patient is in a physician office or en route by paramedics. The patient must be on campus at Edward (Naperville or Plainfield). The Plainfield ED cases are called as they are transported.

F. Emergency Dept:
   1. Notifies Emergency Physician of case
   2. Stabilizes patient (oxygen, monitor, accucheck if indicated)
   3. Starts antecubital IV (18 gauge preferred)
   4. Performs the National Institute Health Stroke Scale (NIH Stroke Scale)
   5. Performs the dysphagia screening prior to administering anything to patient by mouth
   6. Completes tPA inclusion/exclusion criteria form
   7. RN accompanies and monitors patient throughout all testing not done in ED

G. Intervention and Imaging Strategy for Code Stroke
   1. For all Code Stroke cases, testing begins with a non-contrast (plain) head CT. This will be the only study performed at the Plainfield ED (PED) before transfer to the Naperville ED (NED).
   2. Further imaging and interventional decision making is determined based on patient’s symptoms and known allergies; see Code Stroke Process attachment.
   3. The patient’s management will be determined by consensus with the patient, family and stroke care team.
   4. All patients admitted for possible stroke or TIA will have a primary care physician or a hospitalist as the admitting physician as well as a neurology consult as needed.

II. Guidelines for Initiating Code Stroke/Stroke Yellow for the In Hospital Patient

A. Notify Rapid Response Team (RRT) when there is a change in a patient’s neurological status and a stroke is suspected.

B. RRT determines if symptom onset began within 8 hours and activates a Code Stroke by calling 75555 and the appropriate personnel are paged.

C. If the RRT determines symptom onset was greater than 8 hours; a Stroke Yellow is activated by calling 75555 and the appropriate personnel are paged.

D. CNICU Charge Nurse:
   1. Performs the National Institute Health Stroke Scale (NIH Stroke Scale)
   2. Performs the dysphagia screening prior to administering anything to patient by mouth
   3. Escorts patient to CT, and other testing, with primary Nurse
   4. Completes the tPA inclusion/exclusion criteria form
   5. Communicates with the Neurologist on stroke call, by calling 75555 and giving the operator their spectralink number for direct communication.
E. Intervention and Imaging Strategy for Code Stroke
   1. For all Code Stroke cases, testing begins with a non-contrast (plain) head CT.
   2. Further imaging and interventional decision making is determined based on patient’s symptoms and known allergies; see Code Stroke Process attachment.
   3. The patient's management will be determined by consensus with the patient, family and stroke care team.
   4. All patients admitted for possible stroke or TIA will have a primary care physician or a hospitalist as the admitting physician as well as a neurology consult as needed.

CROSS REFERENCE(S)

*CLIN_190 Rapid Response Teams- Adult and Pediatric*

**Policy No:** CLIN_183
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**ATTACHMENT A**

**CLICK HERE FOR THE CODE STROKE PROCESS ALGORITHM**