

UWMC ED - Stroke Code Response Team Roles



Department	Stroke Code Response Team	• General Role
ED	ED Attending: 598-0105	<ul style="list-style-type: none"> Initiate patient workup (<i>assessment, CT, Labs, ECG</i>). Activate STROKE CODE (dial '222'). Submit Radiology requisition as "CT/CTA Head – Acute Stroke". Call Lead CT Tech (8-2047): <ol style="list-style-type: none"> 1) to clear scanner 2) to get Radiologist to meet patient in scanner Communicate plan & findings with ED Charge RN, Stroke Attending & Neurology Resident. After CT resulted, call Transfer Center (744-0962) and clearly communicate whether: <ul style="list-style-type: none"> o STAT Transfer (<i>Critical Care Transport</i>), or o Urgent Transfer (<i>no CCT</i>) is needed. o If ETA ≥ 20 minutes for STAT Transfer, ask Transfer Center to call 911
	ED Charge RN: 598-2240 Primary ED RN	<ul style="list-style-type: none"> Activate STROKE CODE if delegated by ED attending; Follow patient status/ RN pt assignment. Ensure primary ED RN has appropriate resources & is aware of stroke code. Package patient for immediate transport to CT. Facilitate orders & pt's needs. Send blood work to lab & blood bank. Perform I-STAT Chem 8 (<i>for serum Cr</i>). Keep patient NPO (<i>for swallow screen</i>).
	ED UHC/MA: 598-7990	<ul style="list-style-type: none"> Submit CT request as CT Head, enter only one study: "HEAD CT/CTA WO/W" Indication is: "Acute Stroke Protocol" Communicate with Lead CT Tech regarding imminent patient transport to CT scanner. Send blood work to lab & blood bank. Confirm 12-Lead EKG performed.
Neurology	Stroke Attending: 744-6789	<ul style="list-style-type: none"> To be available by phone for stroke consultation. Confirm Dx and treatment plan with Neuro Resident. Alert HMC Neuro IR/Anesthesia as necessary for transfers. Activate HMC Code Stroke as necessary for transfers.
	Neurology Resident On-Call: 598-6190 (<i>page operator</i>)	<ul style="list-style-type: none"> Report to ED, review with ED Attending and Stroke Attending. Initiate/ complete Stroke workup. Communicate plan/ updates with primary ED RN & ED Charge RN. Communicate patient transfer details to HMC Neurology Resident on-Call & HMC Stroke Fellow Complete <u>Stroke QI Flow Sheet</u> & place with medical record.
	Stroke ARNP/Manager: Pg 540-1246 Main STROKE CODE Pg: 540-5514	<ul style="list-style-type: none"> Facilitate project coordination, address process issues. Follow up on Stroke QI Flow Sheets with QI Lead. Maintain STROKE CODE pager. Admin Office 744-3975
Radiology: CT	Lead CT Tech: 598-2047	<ul style="list-style-type: none"> Clear scanner for stroke patient. Alert Neuroradiology Attending (<i>days</i>) & Radiology On-Call Resident (<i>nights</i>) of patient. Follow standard protocol to emergent scans. Keep communication open with ED & Neurology Team.
	Neuroradiology Attending (<i>days</i>): 598-0101 Radiology Resident On-Call (<i>nights</i>): 598-2068	<ul style="list-style-type: none"> Meet patient/care team in CT scanner for live on-the-table wet-read. Protocol CTA (while patient still in scanner): <ul style="list-style-type: none"> o For hemorrhagic CVA, CTA head (<i>skull base thru Circle of Willis</i>). o For ischemic CVA, CTA Neck (<i>Aortic Arch thru Circle of Willis</i>) <u>with perfusion imaging</u>. Contact ED Attending ASAP with CT/CTA read.
Transfer Center	744-0962	<ul style="list-style-type: none"> Determine with ED Attending whether STAT (<i>Critical Care Transport</i>) or Urgent (<i>no CCT</i>) needed Contact AMR, clearly communicating STAT vs. Urgent transfer needs. Obtain ETA from AMR. If ETA ≥ 20 minutes for STAT transfer, consider calling 911 to arrange expedited transport (based on a case-by-case discussion). Communicate ETA with ED Attending.
Pharmacy	Pharmacy Lead: Pg 405-6182 * To order tPA CALL 598-5058	<ul style="list-style-type: none"> "Heads-up," Standby. ED/Neurology will notify pharmacy & order tPA if needed.
QI	Stroke QI: 540-3079 ED QI: 540-7483	<ul style="list-style-type: none"> Review Stroke QI Flow Sheets & Cases; Data analysis