

Early and Consistent “Stroke Alert” activation

- When EMS calls in with suspected Stroke Alert- alert TeleSpecialists so **entire team** can be mobilized at door time

NO ER room assignments for stroke alert patients

- Patient should not be roomed until after CT completed (and alteplase bolus administered in CT, if available)

Hallway stretcher with built in scale

- Stretcher with built in scale will streamline the weight being obtained for stroke patient

Quick PIT STOP then off to CT scanner

- Recommend no more than 5 mins (5 mins+ 3 people = multiple processes done)

Pre-assembled stroke kit containing BP meds and alteplase

- Recommend virtual kit as well as mobile kit that includes tubing and syringes

Bedside mixing of alteplase

- Whether pharmacy or RN mixing, bedside reduces needle times

Premixing of alteplase for likely candidates

- LB2S2 can assist with patient inclusion and exclusion

Decision for alteplase administration made prior leaving Radiology

- Patient exam completed by Neurologist and decisions are made (ONE STOP SHOP!)

If decision made to proceed with alteplase- Administer in CT

- If the teams all there, push it!

Frequent “Mock” Stroke Alerts on all shifts, especially in facilities with infrequent stroke alerts

- Test the knowledge and keep it fresh