# T-PA EVT Process Algorithm (ED)
## Patient Goals: Door to CT/CTA/mCTA 10 min
## Door to T-PA 30 Minutes

**EMS Notifies ED Triage Nurse that an Acute Stroke Protocol is en route**

Triage Nurse:
- alerts Emergency physician
- activates Medical Directive to page lab THROMBOSTAT for stat diagnostic workup
- Ensure 2 – 18 gauge IV access in mid-forearm

**Walk In**

Patient presents with signs & symptoms of stroke triaged at CTAS Level 2

**Emergency physician (ED):**
- Completes rapid neuro assessment
- Initiates assessment of inclusion/exclusion criteria

Based on initial exam, **could patient be a t-PA or EVTcandidate?**

—YES—

—NO—

Acute Stroke Care managed by ED Physician

Ward Clerk:
- **Contacts CT Tech**
- (0700-2300 h): CT Tech notified of patient next On CT table by calling 5799 or 3383,3343,3825. For **STROKE SERIES** CT Imaging (2300-0700 h): Notify On-Call CT Tech of Acute Stroke Protocol
- **Call PRHC t-PA Stroke Group Physician (Use On Call Schedule)** OR Call Criticall 1-800-668-4357 to request a telestroke consult

ED RN
- Set up Tanburg if it is a telestroke consult
- Organize for potential t-PA delivery(patient weight, ensure 2x 18gauge IV access, t-PA available at bedside)

Physician
- Emergency physician explains process
- Telestroke physician uses video conference to complete exam

OR
- Local Stroke Physician completes neuro exam

Inclusion/Exclusion criteria on the Neurology-Stroke Alteplase (t-PA) Administration Order Set Completed by the ED or Local Stroke Physician and placed on the chart

**Diagnostic Imaging: Stroke Series**

CT tech notifies the on-call radiologist of the Acute stroke
CT tech performs non-contrast head CT and sends images to PACS and ENITS
**IF patient has a brain hemorrhage:** continue and perform a CTA from arch to vertex
**IF patient does NOT have a brain hemorrhage:** continue and perform an mCTA = multi-phase CTA
1-CTA arch to vertex
2-immediate post head
3-immediate post head

CTA/mCTA images are then sent to PACS and ENITS For Telestroke Neurology review as required

**Alteplase?**

NO — Is the patient a candidate for EVT?

YES

YES — Administer Alteplase (t-PA) in Emergency

Is the patient a candidate for EVT?

—YES—

—NO—

NO

Telestroke neurologist Or local stroke physician will be responsible for explaining to patient and family why the patient does not meet the criteria

Telestroke Neurologist will initiate consult with EVT On-Call site
OR
Local Stroke Physician will consult PRHC Radiology M-F 0800-2100 or consult with the Telestroke Neurologist 2100-0800 M-F and weekends

—NO—

Patient transferred to ICU bed for 24 hour monitoring from drug infusion completion. Intensivist will assume MRP for ICU stay
Repeat CT at 24 hours

Admit

Is the patient a candidate for EVT?

Repatriate to home hospital or transfer out to a tertiary care centre as required

Emergency physician takes lead for arranging admission as required

YES

Contact Criticall to consult with the Stroke EVT Team and/or arrange transportation to an EVT Centre

Patient transferred to the Acute Stroke Unit at 24 hours post t-PA infusion

Revised November 24, 2016