Phone numbers: Patient ≥ 18 yo Presents with **Code Stroke Activation Batch Page** Focal Neuro Deficit 310-501-0921 <24 hours **CT Tech calls Radiologist:** Daytime 0830 to 1700: Call x64744 after images sent to **Activate Code Stroke** PACS. If no answer page 310-501-0381 **ED clerk/Charge RN**: 1) overhead page, 2) ED arrival Afterhours/wkd/holidays: StatRad 858-546-3800 text page includes name/MRN, age, M/F, location, stroke symptoms, last known well Radiologist calls results to: time (LKWT) Neurologist Cisco 67707, pager 0771 MD: ED Suspected Stroke Order Set - Order 15 min Backup then call ED clerk x65001 Radiology CT head, if NIHSS ≥6, also get CTA Head & ED MD Neurologist ED clerk transfers call to assigned ED MD Neck, CT Cerebral Perfusion, MD goes to CT with patient **ED** pharmacist x66901 RN: Obtain POC Gluc, get patient to CT **Neurology calls IR resident on call** p5423 RN: 2 large IVs, Labs, POC Chem8 for Cr, INR. Neurology IR calls Anesthesia x65942 After CT: weight, swallow eval All staff: Document NIHSS, **Comprehensive Stroke Centers** ED arrival **LKWT** Long Beach 562-480-3487 Little Co of Mary, Torrance 310-4-STROKE 20 min **Neurosurgery consult** p2701 **CT Imaging** CT performed IR If NIHSS≥6 AND initial 40 min review while in CT shows CT result no obvious bleed on CT Head → obtain CTP & CTA Head & Neck CT tech pushes each ICH -No ICHimage study, and calls Radiologist to notify needs STAT read Radiologist calls Not TPA Neurologist Spectralink **TPA Candidate** Candidate (ED backup) with CT head **LVO Suspected** & CTA results Based on CTA **Findings** ED arrival 60 min Neurology pages IR discussion IR resident on call TPA Consider IR if **NS Consult** -SAH-Neurology consents and 20min for Yes/No orders TPA per protocol, and ED pharmacist verifies -Yes IR-No IRattending discuss dosing Admit to CU per Admission case and imaging. Neurology, ED arrival IR activation Guidelines telemetry bed Fransfer to Comprehensive Stroke Center Neuro ICU 120 min 45min Transfer out Groin stick