## **Phone numbers:** Patient ≥ 18 vo Presents with **Code Stroke Activation Batch Page** 310-501-0921 Focal Neuro Defici <24 hours **CT Tech calls Radiologist:** Daytime 0830 to 1700: Call x2808 or x1760 after images sent to PACS. If no answer page 310-501-0381 ED arrival **Activate Code Stroke** Afterhours/wkd/holidays: US Radiology 1-866-448-7762 **ED clerk/Charge RN**: 1) overhead page, 2) text page includes name/MRN, age, M/F, Radiologist calls results to: location, stroke symptoms, last known well Neurologist Spectralink 23369, pager 0771 10 min 15 min time (LKWT) Backup ED clerk x3528 Radiology ED MD **Neurologist** MD: ED Suspected Stroke Order Set – Order ED clerk transfers call to assigned ED MD Spectralink CT head, CTA Head & Neck, CT Cerebral **ED** pharmacist 23216 Perfusion, MD goes to CT with patient RN: 2 large IVs, Labs, POC Gluc & Chem8 Cr, Neurology calls IR resident on call INR. After CT: weight, swallow eval p5423 All staff: Document NIHSS, LKWT Neurology IR calls Anesthesia Spectralink 23337 **Comprehensive Stroke Centers** ED arrival CT Imaging Long Beach 562-480-3487 If NIHSS≥6 AND initial Little Co of Mary, Torrance 310-4-STROKE review while in CT shows no obvious bleed on CT 20 min 40 min **Neurosurgery consult** p2701 Head → obtain CTP & CTA CT performed CT result IR Head & Neck ICH CT tech pushes each No ICH image study, and calls Radiologist to notify needs STAT read Radiologist calls Neurologist Spectralink (ED backup) with CT head Consider IR if & CTA results **NS Consult** SAH Not TPA TPA Candidate Candidate **LVO** Suspected Based on CTA Findings Neurology Neurology pages IR discussion consents and ED arrival IR resident on call. orders TPA per protocol, and ED pharmacist verifies 20min for Yes/No 60 min dosing TPA -Yes IR-→ No IR-ED arrival IR activation Admit to Transfer to Comprehensive ICU per Admission Neuro ICU Neurology, 120 min Stroke Center Guidelines telemetry bed Transfer out 45min Groin stick