

RAH STROKE TELEMEDICINE STANDARD OPERATING PROCEDURE

< 5 minutes

STANDY-BY CALL — ASSEMBLE		
ROLE	ACTION	TICK
Call Receiver	Get patient name, DOB, Onset time, Symptoms and ETA	
Call Receiver	Fast page stroke team: state ETA- page 56301	
Call Receiver	Pre alert call out over tannoy	
Call Receiver	Pre-register patient on "ED expect"	
Stroke	Alert QE telemedicine on call team/Alert RAH HASU : 07006	



< 10 minutes

ASSEMBLE — PATIENT ARRIVAL		
ROLE	ACTION	TICK
ED Team/Stroke	Get bay ready (stroke trolley, syringe driver, cannulation tray, Pat slide weighing scale, set up telemedicine)	



< 5 minutes

PATIENT ARRIVAL — SCANNER		
ROLE	ACTION	TICK
ED /Stroke	Transfer onto ED trolley and weigh on Pat slide	
ED/Stroke	Receive handover from paramedics	
ED/Stroke	Check Obs/blood glucose	
ED/Stroke	R ACF IV access (ideally) and bloods	
Stroke	Patient assessment (including NIHSS) - STOP when cannula in	
Stroke	Call CT radiographers: 09554 M-F 9-5 / 06885 OOH	
Stroke	Take Patient to ED, CT HEAD then review if for CTA/CTP	
Stroke	Review clinical portal +/- collateral history and discuss with Stroke Consultant/Telemedicine Consultant	
Stroke	Return patient to ED	

SEE NEXT COLUMN



ED RETURN — THROMBOLYSIS			
ROLE	ACTION		TICK
ED/Stroke	Record NEWS		
Stroke	Decision regarding thrombolysis		
Stroke	Patient consent		
	FOR THROMBOLYSIS*		NOT FOR THROMBOLYSIS
		Stroke	Non-Stroke
Stroke	Give thrombolysis without delay between bolus and infusion, then transfer HASU unless thrombectomy indicated.	Transfer HASU	999 patient Care remains under ED team

* bolus and infusion started in ED resus unless overcrowding/lack of resus space*



THROMBOLYSIS — TRANSFER		
ROLE	ACTION	TICK
Stroke Nurse	Assess and document swallow	
Stroke Nurse	ECG	
Stroke	Transfer to HASU	
All	Debrief and Data Collection	
Stroke	Re-stock stroke trolley	
Stroke	Handover to Stroke Unit	