



Legend and Glossary - the following expands or explains terms in the idealized process diagram

Stroke Team:

- Single call/page activation of the entire stroke team should be established, including scanner technologists and radiologist.
- Activation threshold should be low, with the team then standing down if not needed.

ED Stroke Kit:

- A single pack containing the requirements for tPA administration.
- Typical contents are: tPA (Alteplase 100mg), tubing, a timer to display times, IV blood pressure medications and pump, IV cannulas.
- Store in Omnicell.
- Include printed exclusion and inclusion criteria, dosing instructions and checklist in the kit.

Rapid registration:

- Ideally pre-register patient prior to actual patient arrival. This will allow orders to be placed and ready for the incoming patient. Otherwise streamline patient registration. This may involve a mobile registration station on wheels to allow travelling with the patient.

STAT vitals:

- Vitals may be deferred based on EMS values and obtained in CT scanner or immediately prior to tPA delivery. Vitals must be obtained prior to drug administration to ensure appropriate BP.

STAT labs:

- Point of care labs are recommended if possible as a mechanism for saving time. Remember that only a fingerstick glucose is required before for tPA delivery if there is no concern for bleeding diathesis.

Auto Launch:

- The goal with Auto Launch is to minimize the time lost in activation of transfer vehicles.
- This requires an arrangement with an EMS service provider for activation. Agreement should reflect interfacility transfer (IFT) expectations, including timing and activation protocols. Identify EMS capability for IFT to identify a transport partner.
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