BAPTIST HEALTH POLICY AND PROCEDURE MANUAL No. 7.04.06		
Section: Patient Care	**Subject:** Stroke: Acute Management	
Original Date: November 2014	**Supersede:** May 2020	**Effective Date:** August 2021
Review Date: August 2022	**Scope:** Baptist Health, excludes WCH	
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I. Policy:

Stroke patients will be managed according to current evidence based guidelines. "Code Stroke" will be activated according to the criteria below. Patients not meeting Code Stroke criteria will be managed accordingly.

II. Purpose:

To provide the appropriate level of care for all stroke patients including expedited care for those who are potential candidates for acute intervention.

III. Definitions:

A. **Onset**—time at which symptoms began
B. **Last Known Normal (LKW)**—time at which the patient was last witnessed to be in their usual state of health.

IV. Procedures:

A. The physician should initiate "ED Code Stroke" Power Plan for the following patients meeting Code Stroke Criteria:
    1. Any patient with new, ongoing neurological deficit less than 24 hours from onset or with unknown time of onset*, if presenting within 4.5 hours of symptom discovery (ie: patients waking up with stroke symptoms or found with stroke symptoms, but LKW is unknown)
    2. Any patient with waxing and waning symptoms
    3. Any patient with suspected posterior circulation occlusion (ie: locked in syndrome).
    4. Any patient who wakes up with signs/symptoms of stroke and Last Known Well (LKW) is within 24 hours.
    5. Symptoms include:
        a. Unilateral weakness and/or sensory loss
        b. Any degree of sudden onset vision loss or double vision
        c. Ataxia of one or more limbs or truncal ataxia
        d. Cortical signs, including aphasia, neglect and/or gaze deviation
        e. Slurred speech (dysarthria)
        f. Vertigo or severe dizziness with additional neurological deficits (weakness, ataxia or inability to walk, aphasia, dysarthria, cranial nerve abnormalities)
        g. Sudden, unexplained change in mental status or level of alertness, with no apparent medical cause
        h. Sudden onset of severe headache (Worst Headache of Life)

    6. Code stroke activation:
        a. Refer to process flow for site specific procedures
        b. Code Stroke consults – the stroke neurologist may respond to the code stroke activation in person, by phone, or by telemedicine.

    7. The Code Stroke patient will receive highest priority. Staff will expedite all care, diagnostics, and interventions, according to AMERICAN HEART ASSOCIATION (AHA) and The Joint Commission (TJC) guidelines.

8. The Code Stroke patient requiring surgical intervention should be transferred to Baptist Medical Center Jacksonville campus using the designated phone number for the call center (904-202-2724 or 202-BRAIN).

B. For patients not meeting Code Stroke criteria such as those listed below: Initiate "ED Neurologic Deficit" powerplan
   1. Any patient with acute neurological deficits with LKW more than 24 hours prior to presentation.
   2. Any patient with transient ischemic attack (TIA) (i.e. resolved hemiparesis, aphasia, hemianopsia, monocular blindness, dysarthria, ataxia or any conclusive focal symptoms)

C. If intracerebral hemorrhage (of any type) is identified on imaging: STAT consult placed to Neurosurgery/Neuro Critical Care.
   1. At BMCJ initiate STAT consult to Neurosurgery/Neuro Critical Care.
   2. For all other sites, initiate Neurosurgery/Neuro Critical Care consult by calling 202-BRAIN

D. All patients with either a suspected or confirmed diagnosis of TIA, ischemic, or hemorrhagic stroke, regardless of time of onset, will undergo a nursing swallow screen prior to any oral (PO) intake, including medications. (Refer to Policy 7.04.05 – Stroke: Bedside Swallow Screen)

E. National Institute of Health Stroke Scale (NIHSS) and Modified Rankin Scale (mRS) will be performed and documented.

F. A Registered Nurse (RN) is the "first responder" with appropriate education and training for identifying and managing acute stroke patients.
   1. Ongoing/ annual stroke education as designated by Baptist Health System for the following programs: Comprehensive Stroke Program (CSC); Primary Stroke Program (PSC); Acute Stroke Ready Hospital (ASRH) Program.
   2. Rapid response teams for inpatients will include a "first responder"

IV. RELATED POLICIES:

7.04.05 *Stroke: Bedside Swallow Screen*

V. REFERENCES:

William J. Powers et, al (2019). Guidelines for the Early Management of Patients
With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke, http://stroke.ahajournals.org DOI: 10.1161/STR.0000000000000211.

The Joint Commission (2021). Comprehensive Stroke Center Certification Standards. Published online July 1, 2021, https://edition.jcrinc.com/MainContent.aspx.