

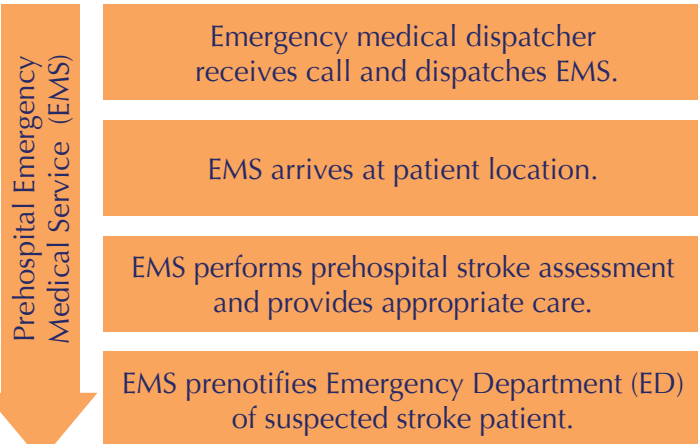


# WISCONSIN COVERDELL STROKE PROGRAM

## 911 Door to Needle

Regional systems of stroke care should be developed. These should consist of the following:

- Health care facilities that provide initial emergency care, including administration of IV Alteplase.
- Centers capable of performing endovascular stroke treatment with comprehensive periprocedural care to which rapid transport can be arranged when appropriate.



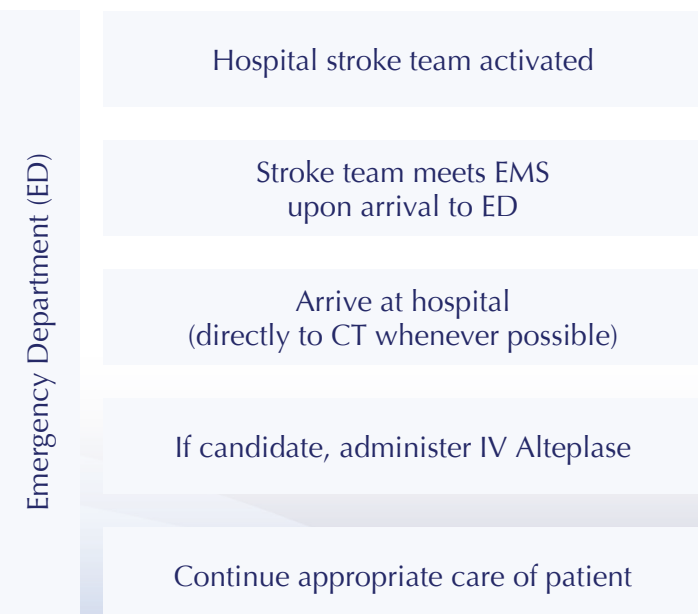
**EMS Best Practice—Minutes from EMS arrival:**

- Up to 15 minutes on-scene care

---

**EMS Actions—Report to hospital:**

• Prenotification of suspected stroke	• Blood glucose
• Signs and symptoms of stroke: neuro/stroke alert	• Last known normal
• Verify CT scanner available	• Family members
• Prehospital stroke scale results	• Medications: anticoagulants are important
• Vital signs	• Additional complaints and information
	• Estimated time of arrival



**ED Best Practice**

Minutes from ED arrival:

• 25 minutes to CT completion	• 45 minutes to CT interpretation
• 30 minutes to coagulation studies if there is suspicion of coagulopathy	• 60 minutes to IV Alteplase bolus

---

**ED Actions**

Single call activates:

• Stroke team	• Stroke protocol and/or orders
• CT scanner cleared	

---

Stroke team:

• ED physician rapid assessment	• Weight
• National Institute of Health Stroke Scale (NIHSS) exam	• VSs and neuro checks
• Complete inclusion and/or exclusion criteria for IV Alteplase	• Large bore IV
• Blood glucose	• Mixing of IV Alteplase as soon as recognized as a possible candidate

**Time sensitive elements should be completed as quickly, safely, and efficiently as possible. Forty-five minutes from arrival to IV Alteplase bolus in 50 percent of treated patients is a reasonable goal to strive for.**



**EMS and Hospital**

- Open two-way communication of prehospital and ED processes.
- Review in-hospital processes and provide feedback to caregivers.