

Acute Stroke Workflow - Bunbury Hospital

IN HOURS Bunbury Hospital Acute Stroke Workflow Monday – Friday 0800-1700

ENTRY TO HOSPITAL - Patient with suspected acute stroke				
Primary Delivery by Ambulance Paramedics notify ED of arrival of patient with suspected acute stroke Phone 9791 3457 Call Med Reg on 9722 1327 – meet patient on arrival if possible		Inter Hospital Transfer Transfer to Bunbury Hospital from another South West Hospital Call Med Reg on 9722 1327 – meet patient on arrival if possible		Self-present at ED
Triage Stroke Protocol (pending review). Call Med Reg on 9722 1327 – meet patient on arrival if possible for self-presenting patients identified as possibly experiencing acute stroke				
REGISTRAR or ED DOCTOR MANAGEMENT				
<ul style="list-style-type: none"> Stabilise and examine the patient Obtain stroke pack Verify clear focal neurology (including time of onset) 		<ul style="list-style-type: none"> Appropriate bedside investigations (including BSL) NIHSS MR62F (Stroke Pack) IV access (18G ACF) 		
NOTE: If on clinical assessment patient is deemed to have experienced a TIA and NOT a stroke, please use Bunbury Hospital TIA Management Tool. Exit this workflow here.				
Request immediate CT Stroke Protocol (notify the radiographer directly) <ul style="list-style-type: none"> Upload to WA PACS Don't wait for U&E 				DOCUMENT IN BOSSNET <ul style="list-style-type: none"> Time of CT/A
FIONA STANLEY HOSPITAL (FSH) TELE-STROKE CONSULTATION – <u>Immediate</u>				
Tertiary: Stroke / Neurologist consultation Fiona Stanley Hospital (do not wait for CT results) <ul style="list-style-type: none"> Phone Stroke Consultant Mon-Fri 8am – 5pm (or Stroke Reg. if unavailable) Discuss suitability for clot retrieval / thrombolysis Discuss suitability for transfer to tertiary site vs local management Discuss potential need for neurosurgical intervention Note factors that may trigger repeat consultation Arrange Tele-cart Consult 				DOCUMENT IN BOSSNET <ul style="list-style-type: none"> Timing of all calls FSH Doctor consulted (full name and designation) Advice received Actions to be taken Cart vs phone consult
If FSH neurology team unavailable or unable to view imaging, please escalate IMMEDIATELY to local on call Medical Consultant. Consultants to escalate as they deem appropriate.				
PROCEED WITH ONE OF THE OPTIONS BELOW – As directed by FSH				
Thrombolysis Pathway <ul style="list-style-type: none"> Proceed with WACHS Lysis Protocol TMR62E Tele-Stroke cart to be used General Medicine team to liaise with FSH Neurology Consultant for completion of thrombolysis. Consider T/F to FSH as directed Provide Thrombolysis consumer information handout from PIARS	Clot Retrieval <ul style="list-style-type: none"> Enact plan as per FSH advice Contact RFDS arrange for retrieval as directed. Destination will be NIISWA FSH Consider T/F to FSH as directed Provide Clot Retrieval consumer information handout from PIARS	Tertiary Management, No Reperfusion Therapy <ul style="list-style-type: none"> Likely candidates: <65 years of age with significant deficits Complex comorbidities Need for potential input from vascular team Arrange transfer via road or RFDS as advised by FSH 	Potential Neurosurgical Input <ul style="list-style-type: none"> Consider posterior circulation strokes and haemorrhages Contact RFDS to arrange for retrieval as directed. Destination SCGH or RPH Ensure FSH team have alerted SCGH to the imminent transfer 	Local Management, No Reperfusion Therapy <ul style="list-style-type: none"> Active medical management at Bunbury Hospital as per MR62B Acute Stroke Protocol Admission to medical ward Refer to Speech Pathologist. Ext 1376 M-F 8-4. Alert Allied Health to pt admission

AFTER HOURS Bunbury Hospital Acute Stroke Workflow Saturday, Sunday, Monday – Friday 1700-0800

ENTRY TO HOSPITAL - Patient with suspected acute stroke

<p style="text-align: center;">Primary Delivery by Ambulance</p> <p>Paramedics notify ED of arrival of patient with suspected acute stroke Phone 9791 3457 Call Med Reg on 9722 1327 – meet patient on arrival if possible</p>	<p style="text-align: center;">Inter Hospital Transfer</p> <p>Transfer to Bunbury Hospital from another South West Hospital Call Med Reg on 9722 1327 – meet patient on arrival if possible</p>	<p style="text-align: center;">Self-present at ED</p>
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Triage Stroke Protocol (pending review).

Call Med Reg on 9722 1327 for self-presenting patients identified as possibly experiencing acute stroke

REGISTRAR or ED DOCTOR MANAGEMENT

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| <ul style="list-style-type: none"> Stabilise and examine the patient Obtain stroke pack Verify clear focal neurology (including time of onset) | <ul style="list-style-type: none"> Appropriate bedside investigations (including BSL) NIHSS MR62F (Stroke Pack) IV access (18G ACF) |
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NOTE: If on clinical assessment patient is deemed to have experienced a TIA and NOT a stroke, please use Bunbury Hospital TIA Management Tool. Exit this workflow here.

Request immediate CT Stroke Protocol (notify the radiographer directly)

- Upload to WA PACS
- Don't wait for U&E

DOCUMENT IN BOSSNET

- Time of CT/A

FIONA STANLEY HOSPITAL (FSH) TELE-STROKE CONSULTATION – Immediate

Tertiary: Stroke / Neurologist consultation Fiona Stanley Hospital (do not wait for CT results)

- Phone FSH AH Neurology Registrar via switch **6152 2222**
- Discuss suitability clot retrieval / thrombolysis
- Discuss suitability for transfer to tertiary site vs local management
- Discuss potential need for neurosurgical intervention
- Note factors that may trigger repeat consultation

State Telehealth helpdesk: 1300 367 166

DOCUMENT IN BOSSNET

- Timing of all calls
- Tertiary hospital contacted
- Doctor consulted (full name and designation)
- Advice received
- Actions to be taken

NOTE: If FSH neurology registrar unavailable or unable to view imaging, please escalate **IMMEDIATELY** to local on call Medical Consultant. Consider using Telecart to allow remote review of patient. Consultants to escalate as they deem appropriate.

PROCEED WITH ONE OF THE OPTIONS BELOW – As directed by Tertiary Hospital

<p>Thrombolysis Pathway</p> <ul style="list-style-type: none"> Proceed with WACHS Lysis Protocol TMR62E General Medicine team to liaise with Neurology Consultant ONLY for completion of thrombolysis. <p>Consider T/F to FSH /SCGH as directed Provide Thrombolysis consumer information handout to patient/family</p>	<p>Clot Retrieval</p> <ul style="list-style-type: none"> Enact plan as per tertiary advice Contact RFDS arrange for retrieval as directed. Destination will be NIISWA SCGH <p>Provide Clot Retrieval consumer information handout to patient/family Consumer</p>	<p>Tertiary Management, No Reperfusion Therapy</p> <ul style="list-style-type: none"> Likely candidates: <65 years of age with significant deficits Complex comorbidities Need for potential input from vascular team Arrange transfer via road or RFDS as advised by tertiary site 	<p>Potential Neurosurgical Input</p> <ul style="list-style-type: none"> Consider posterior circulation strokes and haemorrhages Contact RFDS to arrange for retrieval as directed. Destination SCGH or RPH Ensure team have alerted metro site to the imminent transfer 	<p>Local Management, No Reperfusion Therapy</p> <ul style="list-style-type: none"> Active medical management at Bunbury Hospital as per MR62B Acute Stroke Protocol Admission to medical ward Nsg staff to complete Dysphagia Screen MR64B.
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This document can be made available in alternative formats on request for a person with a disability

Contact:	Stroke Coordinator Bunbury Hospital	Directorate:	Operations South West
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