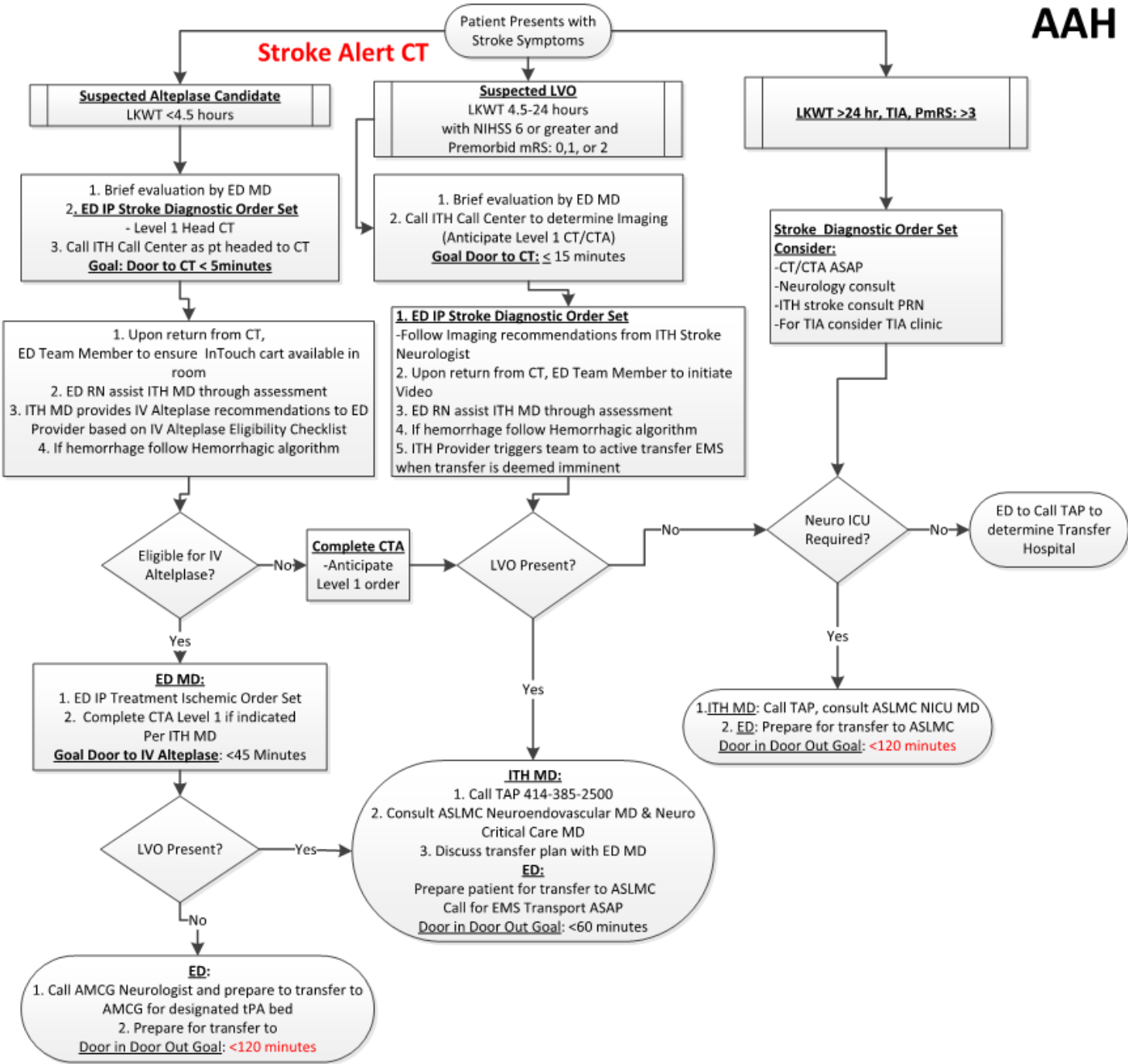


AAH Telestroke Process



***ITH Call Center Information: 1-877-275-0627**

1. Name
2. DOB
3. MRN
4. Call Back #
5. Requesting Provider (ED Provider)
6. Have the symptoms resolved
7. Have the symptoms started in >24 hours

**ITH VH Activation to text response – 5 minutes

Anticipate Neuro ICU care if:

1. large stroke needing cerebral edema management. (high NIH score)
2. Seizures along with stroke needing continuous EEG monitoring.
3. Waxing and waning neurological symptoms needing close Neuro monitoring.
4. Post Endovascular intervention.
5. Post IV Alteplase significant hemorrhagic conversion

• **Suspect Large Vessel Occlusion if any of the following are present:**

1. Positive SNO Scale
 - Expressive Aphasia
 - Gaze deviation
 - Neglect
2. NIHSS 6 or greater
3. Dense Sign of Thrombus on CT

• Consider posterior circulation infarct I TWO symptoms from List A or ONE symptom from both List A and B

List A
Dizzy, ataxia, unsteadiness, visual changes, double vision(including pupil changes),

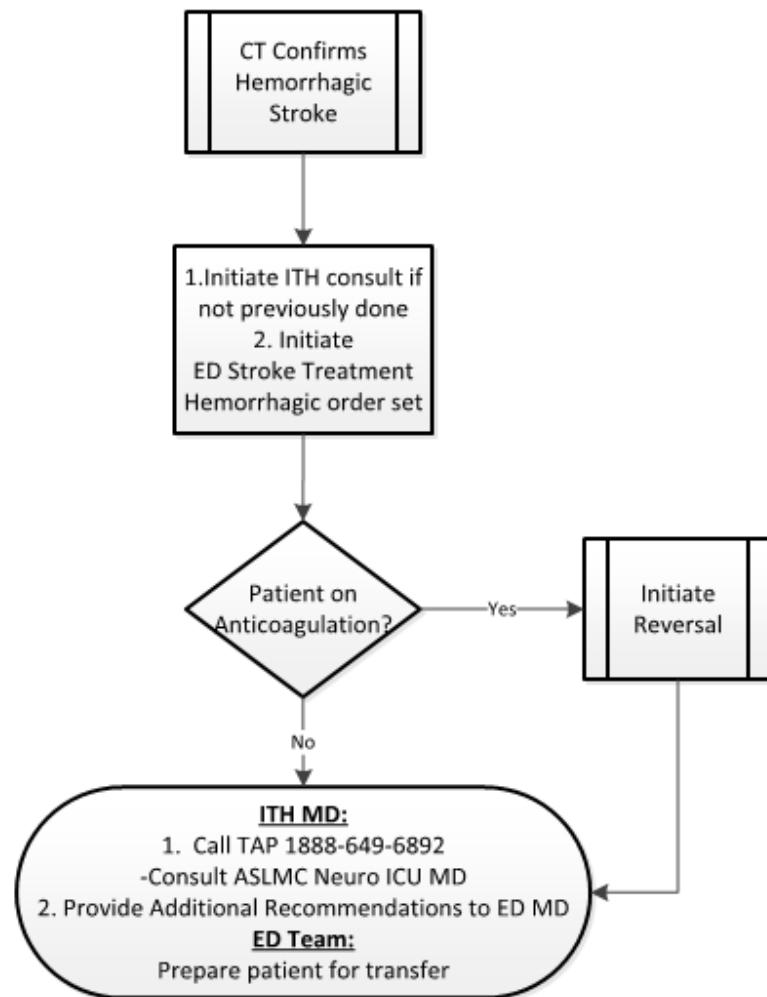
List B
Focal weakness, slurred speech and aphasia

• If CT positive for hemorrhage, consult neurointensivist and follow hemorrhage algorithm

• Absolute CTA contraindication=pre existing anaphylactic response dye

• The teleneurologist is expected to respond within 5 minutes with a call back to the requesting provider to obtain brief case details. Beam in will occur subsequently when the patient is ready for the assessment.

Key
ITH=InTouch Health
LVO=Large Vessel Occlusion
mRS=Modified Rankin Score



Anticipate the following:

- Stat PT/INR and Plt
- Usual BP Parameters goal SBP <160
- If rapid intubation required avoid unnecessary fluctuation in B/P.
- Placing NG if stuporous.
- Elevating head of bed 30 degrees.
- Anti-seizure medication if seizures present
- Recommendations for reversal of anticoagulants/direct-thrombin agent.
- Use the following Ordersets for bleeding management:

-Warfarin Reversal:

[MED ED IP Warfarin Reversal \[3040000025\]](#)

- DOAC Reversal

[MED IP Oral Anticoagulant Bleeding Management \(Excludes Warfarin\) \[3040000569\]](#)

Criteria for not sending intracranial hemorrhages to ASLMC

- A. Spontaneous (ICH and SAH)
 - i. Comfort Care
- B. Traumatic
 - i. Small SAH/IPH on NO Anticoagulation and or Plavix or Brylanta