ROYAL INFIRMARY OF EDINBURGH – ACUTE STROKE PATHWAY

SAS contact RIE ED for FAST positive patient
ED walkie talkie Mechanical Thrombectomy team*

Approx door-scan time 15 mins

ED/stroke perform NIHSS, take history, BP/BM, IV access, decide **if MT candidate****

If candidate, contact MT team again (walkie talkie) with response from INR. CT head request placed stating MT candidate, NIHSS, time of onset

RIE ST Radiologist (23796) protocols CT/CTA/CTP

Patient ED resus → ED CT scanner

Approx time in CT 6 minutes

IV Line check.

Non-contrast head (RIE ST review)

CT perfusion protocol, including carotid angiogram

Scan over. Patient CT → ED resus

Approx review time 7 mins

If indicated, IV tPA
Patient gowned

Imaging reviewed in DCN (DNR 50119, INR 50170)

Phonecall between INR and stroke physician. If for MT…

ED/stroke notify MT team via walkie talkie

INR phones DCN Anaesthetic ST (bleep 77001 8519)and angiosuite (50909).

Stroke consultant completes TRAK template

***MT team**
- CT radiographer (23797)
- Neuro radiologist (INR 07976067252)
- Stroke physician (01315361019)
- Stroke nurse (07904367811)
- Angiosuite (50909)
- DCN co-ordinator (50790)

****MT criteria**
- Stroke likely to cause long term disability, dependence on others
- Previously independent
- Onset within 6 hours or wake up
- These are not rigid – if doubt, speak to stroke consultant

IV access in ED
≥ 18G (green) cannula
(pink (20G) acceptable)

NCCT review (RIE):
Any contraindication to IV thrombolysis?

Not for tPA?
Consider MT /DCN transfer

For tPA?
Start infusion in ED while preparing DCN transfer

CTA review (RIE/DCN):
Relevant large vessel occlusion (LVO)?

CTP review:
Penumbra:core >1.2

If not for MT
Patient follows normal stroke pathway

For MT – AWI form, +/- anaesthetics review, transfer patient
Patient ED resus → DCN angio suite (if not free stay in ED)
Family remain in ED then taken to stroke unit ward 201

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ROYAL INFIRMARY OF EDINBURGH – ACUTE STROKE PATHWAY
ANGIO SUITE

Approx time 15 mins

HANDOVER*
Angio Anaesthetic room

Angio suite prep **

Anaesthesia***

Anaesthetic Room → Angio Table

Position, Check, Drape

Procedure Time 30 – 120 min

WHO surgical pause

THROMBECTOMY

Close arterial puncture
Confirm secure haemostasis

Angio Table → Anaesthetic Trolley

Approx review time 60mins

Extubate

→ DCN Theatre Recovery

Procedure outcome handover
TRAK Op Note
Antiplatelet and Anticoagulation as per INR instructions

***MT procedure team**
- Radiographer
- Angio nurse x 2
- Stroke Co-ordinator / ED Nurse
- INR
- Anaesthetist
- ODA

INR / Nursing / Radiographer SOPs **

Anaesthesia SOP ***

Intracranial Arterial Rupture
- Attempt endovascular occlusion
- Reverse anticoagulation
- Consider BP suppression

Tandem Occlusion or Dissection
- Consider stent deployment
- IV antiplatelet cover

CTP review:
Penumbra:core >1.2

ROYAL INFIRMARY OF EDINBURGH – ACUTE STROKE PATHWAY POST THROMBECTOMY

POST EXTUBATION
Transfer from Angio suite to Recovery DCN

Handover to recovery team
INR / Anaesthesia review

Care passes from anaesthetic team to physicians in HASU/Critical care

TRANSFER 116 / 118

130 Level 1

Post Thrombectomy Care

Nurse <15 degree head up for 2 hours
Observe BP, HR, O2 sat, Temp, GCS
- 15 min x 2 hours
- 30 min x 6 hours
- Hourly until 24 hours

Pedal pulses and Groin puncture site check
- 30 min x 6 hours
- Hourly until 24 hours

Flowtron boots /IPC

Twice daily Stroke consultant review on 130 Level 1
INR post thrombectomy review

Repeat NCCT at 24 hours (or prior to step down)
NIHSS at 24 hours

Step down to RIE HASU or referring hospital stroke unit at 12-24 hours

Level 1
- In Ward 130
- 2 ringfenced beds for MT
- Escalation to Stroke physician / INR
- 50372

Critical Care
- Airway Support
- Invasive Monitoring
- Difficult BP control
- Low GCS

Post Thrombectomy Complications
- Bleeding at puncture site: Direct manual pressure x 20min just above skin puncture
- Retroperitoneal bleeding: back / flank pain, hypovolaemic shock. IMMEDIATE ESCALATION
- Reduced GCS: possible ICH/new infarction
- Allergy: Follow anaphylaxis protocol
- Renal impairment due to contrast agent / hypotension
- Peripheral vascular impairment: cold / pale / painful foot.

Contact stroke physician 01315361019 or INR 07976067252 if any concerns. Referral to vascular surgery / neurosurgery / critical care may be required.

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