

University Hospital Low-Risk Stroke Protocol

This protocol applies to Stroke Alert activated patients with low probability of acute stroke, as determined by Neurology Resident Physician, after initial stroke evaluation has been performed. Patients appropriate for this pathway, as described below, should be identified while under ED Status and not yet admitted. These patients will require a MRI while in the ED and can be potentially discharged from the ED. This protocol is only applicable when appropriate personnel and resources (MRI) are available and requires the agreement of the Neurology Attending and Emergency Medicine Attending. The MOD should be involved if they are available.

Protocol

- 1) Stroke Alert activated patient in the Emergency Department and appropriate MRI personnel are available.
- 2) After initial stroke evaluation, the Neurology Resident will identify possible patients as “low risk” for acute stroke or other emergent neurovascular pathology. The Neurology Resident will discuss the patient with the Vascular Neurology Attending on call to determine if the patient is “low risk”.
- 3) The Neurology Resident will then discuss the case with the EM Attending about utilizing Low-Risk Stroke Protocol for the patient.
- 4) The EM Attending will review the patient’s chart and determine if the patient requires admission for any other reason. The MOD should be involved if they are available.
- 5) If the EM Attending agrees that the patient does not require admission for any other reason, the patient is deemed a candidate for the Low-Risk Stroke Protocol. The patient requires a MRI Brain Stroke Protocol to rule out an acute stroke. The MRI order will be placed by the EM team and the Neurology Resident will call the MRI Tech to inform them of a Low-Risk Stroke Protocol patient and to expedite MRI Imaging. No other MRI imaging will be performed on patients in this protocol.
- 6) After the MRI Brain Stroke Protocol is obtained, it will be reviewed by Neurology. If the MRI is negative for acute pathology, the Neurology team will document their read of no emergent neurological indication for admission and inform the EM team.
- 7) When available, the MOD will place a short note documenting their involvement in the care of the patient.
- 8) Neurology will document if any outpatient follow-up neurology is required in their note.
- 9) The ED will be responsible for the patient’s discharge.
- 10) If the MRI is positive for acute pathology, the Neurology Resident will discuss the patient’s disposition and further care with the Vascular Neurology Attending on call. If the patient requires further workup warranting an admission, the MOD will be involved with admission to the appropriate service line. If no MOD is present, the patient will be admitted through Bed Control.
- 11) This protocol is not applicable to OSH Transfers (except the FED, which will be considered an extension of UH).