

**SAN JUAN HOSPITAL
TELESTROKE**

RN PROCEDURE

- Discuss telemedicine issue with patient and representative. Get videoconferencing consent signed (In MD packet)
- Document patient's time of onset of symptoms, or when last seen well, on the ER intake sheet.
- Attach patient to monitor. Set BP to record every 15 minutes. Point the Passport monitor towards the videoconferencing unit.
- O2 at 2L/cannula. Increase to maintain sats. > 94%.
- Check bedside fingerstick glucose.
- Establish IV access. Start two (2) large bore IV's (18 gauge at least). If possible, avoid jugular and subclavian sticks.
- Draw labs. Labs include: CBC, Chem 7, PT(INR)/PTT, Toxicology Screen, CPK, Troponin. (See pre-made form) – send to lab **stat**.
- IV's – 0.9 NS / @ 60 cc/hr
- EKG
- Portable chest x-ray
- Foley Catheter
- Send patient for Head CT, when the CT is ready.
- Using the stretcher with the built-in scale WEIGH THE PATIENT AND RECORD THE WEIGHT.
- If BP > 185/ >110: Notify ER MD for instructions.
- Position the patient, at 45° in BLUE gown, with HOB angle facing camera, with one sheet between patient's legs, and the gurney at the mark on the floor.
- Adjust lights; Bay light on, exam light off.
- Have **ONE** family member or patient representative in the room for the videoconference.
- Await connection to videoconference.
- Stand by to facilitate the consultation.
- If MD feels patient is a t-PA candidate get the Acute Stroke kit, which has the **Activase**.

Basic troubleshooting with the Videoconferencing unit

1. Unit will go into sleep mode if not used within 10 minutes.
2. If no sound, check mute button
3. If you can hear them but there is no picture, press **power** in the TV monitor.