

# INR Activation

## PURPOSE: TO OPTIMIZE TIME TO REVASCULARIZATION IN PATIENTS PRESENTING WITH ACUTE STROKE.

### PROCEDURE:

1. ED physician, inpatient physician, outside physician, or RRT contacts Stroke Attending for patient presenting with an acute ischemic stroke. (Stroke Team Pager – 12600)
2. If Stroke Attending determines that patient is a candidate for endovascular/interventional stroke therapy, Stroke Attending contacts Transfer Center – 503-494-7000.
3. Transfer Center pages INR Attending (INR Attending Pager – 12954), while holding on the line.
4. Stroke Attending and INR Attending discuss patient. If patient is deemed appropriate, INR Attending asks Transfer Center for “INR ACTIVATION” with one of the following destinations:
  - a. Angio
  - b. MRI, then angio

The following information to be included in the page:

“INR ACTIVATION, Ordering MD, Pt name, MRN, location, intubated (if applicable), ETA, destination, mode transport (ground, Lifeflight), and call-back number”

Group Page sent to:

1. INR Attending (Pager 12954)
2. INR Fellow (Pager 12969)
3. Angio Tech on call
4. Angio Nurse on call
5. RRT (Rapid Reponse Team)
6. Anesthesia on call
7. Anesthesia Tech
8. Bed Control / AOD
9. Stanley Barnwell, M.D.
10. NSICU Charge RN
11. MRI Technologist on call

INR Attending is included in Group Page, so that they receive confirmation that Activation was initiated and to receive updates about changes in pt’s ETA and status from the Transfer Center. Once the disposition of these patients is determined the INR attending must alert the Transfer Center who will page this out to the group. Stroke Group is paged as usual for updates.

1. When the Transfer Center submits their request to Bed Control and Reservations, they will complete the Special Needs field. They will select Other and type in either:
  - a. Start in MRI
  - b. Start in IR Angio

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## PRACTICE STANDARD

1. Once Angio Tech, and Angio Nurse respond, Transfer Center will send page to INR Attending that team members have checked in.
1. Anesthesia tech will deliver Ventilator to Angio Suite 4 (Door code 777).
1. RRT will meet patient at helipad, ED, or floor, and accompany patient to MRI and/or to the holding area adjacent to Angio Suite 4, until the INR technologist has the suite prepared. Stroke Team will meet patient at destination (MRI or angio). If patient to go to MRI, the RRT will call Transportation Dispatch, 4-8656, to order a stretcher to be sent to MRI, as soon as possible.
9. When the patient arrives in MRI, the MRI technologist will call 4-8927, and ask for the stroke patient to be admitted; be prepared to provide two unique patient identifiers (i.e., patient name & date of birth). Admitting will admit the patient to a virtual radiology bed. The patient will still be pended to the floor's expected list so they can pull the patient in when they arrive on their floor. The angio nurse or NSICU nurse will pull the patient to their census from this bed when the patient arrives to their area from MRI.
1. Anesthesia Attending will meet patient in the holding area or Angio Suite 4. After initial evaluation by Stroke Attending, decision about intubation will be made.
  1. RRT will assist in preparing patient for procedure.
  1. Angio Tech and Nurse will set up room, prep patient with assistance of RRT.
  1. Bed assignment in 7NSI made by AOD.
  1. 7NSI Charge Nurse to arrange for bed to be sent to Angio Suite 4 once IR indicates they are close to needing it.

If INR ACTIVATION occurs during usual working hours, **it is the responsibility of the INR Attending to notify the Angio Tech and Nurse and to have angio suite available for patient.**

Also, there are new pager numbers for the INR Attending on call (12954) and the INR Fellow on call (12969). These pagers are not carried by anyone but are forwarded to whoever is on call. The call schedule and forwarding system will be maintained by Barbara Fullman based on our call schedule calendar. Any last minute on call changes must be updated through the page operator by whoever is making the changes – "Pager 12954 should be forwarded to Dr. Lee from 8-11 am today instead of Dr. Dogan".

## Rapid Response Team Roles and Responsibilities for INR Activation

### POLICY

The Rapid Response Team (RRT) will respond to INR Activation pages to assist with the transport, prep, and management of patients presenting to or within OHSU with acute stroke (unless patient is already admitted to NSICU, these patients to be transported by NSICU RN).

### PROCEDURE

#### Action

Out of hospital INR Activation patient transported to OHSU by Lifeflight

1. The Stroke Team and INR Attendings will activate the INR Activation Group via the Transfer Center.
2. The Transfer Center will page the INR Activation group for patient presenting from out of hospital with acute stroke being transported to OHSU via Lifeflight.
3. The RRT RN will contact the Transfer Center at 4-7000 to get patient name, patient disposition, and ETA, and sending facility contact information.
4. The RRT RN will call for report from the sending facility. RRT RN will contact Anesthesia Attending with patient clinical information.

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5. The Transfer Center will continue to page the INR Activation group with updates on patient disposition and ETA as updated by Lifelight personnel.
6. The Rapid Response Team RN and RT (RRT) will report to the Emergency Department (ED) 8th floor entrance 10 minutes prior to ETA of patient to be escorted to the helipad with ED and Public Safety personnel.
7. In the event of a coding patient, the patient will be transported directly to the Emergency Department for stabilization prior to transport to MRI and angiography lab.
8. Angio personnel will call the RRT at 4-7777 to confirm their arrival to the angio suite. This will not delay transfer to the angiography lab.
9. The RRT, and Lifelight personnel will transport the patient directly to MRI for MRI/MRA Defuse-2 Protocol prior to transport Angio, when indicated.
10. After MRI is complete, the RRT, Stroke Team physician, and Lifelight personnel will transport the patient directly to the holding area adjacent to Angio Control Room 4 on monitor, when indicated. Patient to be moved into Angio Suite 4 when INR technologist indicates the room is ready.
11. On arrival to angiography the RRT RN will assist with the following:
  - A. transferring the patient to the angio table (once angio tech/RN indicate that table calibration has been completed).
  - B. placing the patient on the angio monitoring system
  - C. clipping the patient's access site (R groin)
  - D. cleansing the patient's access site with chlorhexadine scrub
  - E. placing foley catheter if not already in place
  - F. ensuring at least 2 large bore IV's are present
  - G. assist with intubation if necessary
  - H. transferring any continuous infusions to Alaris IV pumps
12. On arrival to the angio suite, the RRT RT will assist with
  - A. Attaching patient to transport ventilator if advanced airway is in place
  - B. Assist with intubation if necessary
13. The RRT RN will hand off the patient to the angio RN and end RRT call when appropriate.

### **Out of Hospital Angio Stroke patient transported to OHSU by Ground Transportation**

1. The Stroke Team and INR Attendings will activate the INR Activation Group via the Transfer Center.
2. The Transfer Center will page the INR Activation group for patient presenting from out of hospital with acute stroke being transported to OHSU via ground transportation.
3. The RRT RN will contact the Transfer Center at 4-7000 to get patient name, patient disposition, and ETA, and sending facility contact information.
4. The RRT RN will call for report from the sending facility. RRT RN will contact Anesthesia Attending with patient clinical information.

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5. The Transfer Center will continue to page the INR Activation group with updates on patient disposition and ETA as updated by EMS personnel.
6. The Rapid Response Team RN and RT (RRT) will report to the Emergency Department (ED) 8th floor entrance 10 minutes prior to patient's ETA
7. Angio personnel will call the RRT at 4-7777 to confirm their arrival to the angio suite. This will not delay transfer to the angiography lab.
8. In the event of a coding patient, the patient will be transported directly to the Emergency Department for stabilization prior to transport to MRI and angiography lab.
9. The RRT, and ground transport personnel will transport the patient directly to MRI for MRI/MRA Defuse-2 Protocol prior to transport to Angio, when indicated.
10. After MRI is complete, the RRT, Stroke Team physician, and ground transport personnel will transport the patient directly to the holding area adjacent to Angio Control Room 4 on monitor, when indicated. Patient to be moved into Angio Suite 4 when INR technologist indicates the room is ready.
11. On arrival to angiography the RRT RN will assist with the following:
  - a. transferring the patient to the angio table (once angio tech/RN indicate that table calibration has been completed).
  - b. placing the patient on the angio monitoring system
  - c. clipping the patient's access site
  - d. cleansing the patient's access site with chlorhexadine scrub
  - e. placing foley catheter if not already in place
  - f. ensuring at least 2 large bore IV's are present
  - g. assist with intubation if necessary
  - h. transferring any continuous infusions to Alaris IV pumps
12. On arrival to the angio suite, the RRT RT will assist with
  - a. Attaching patient to transport ventilator if advanced airway is in place
  - b. Assist with intubation if necessary
1. The RRT RN will hand off the patient to the angio RN and end RRT call when appropriate.

### AngioStroke patient presenting to the ED

1. Once confirmation of acute stroke, the Stroke Team and INR Attending will notify Transfer Center to page the INR Activation Group for patient presenting in the Emergency Department (ED).
2. The Rapid Response Team RN and RT (RRT) will report to the patient's ED location and assist with the stabilization and monitoring of the patient, as well as transport to MRI for MRI/MRA Defuse-2 Protocol, if ordered by Stroke Team.
3. Angio personnel will call the RRT at 4-7777 to confirm their arrival to the angio suite.
4. The RRT and Stroke Team physician will transport the patient directly to the holding area adjacent to Angio Control Room 4, when indicated. Patient to be moved into Angio Suite 4 when INR technologist indicates the room is ready.
1. On arrival to angiography the RRT RN will assist with the following:
  - A. transferring the patient to the angio table (once angio tech/RN indicate that table calibration has been completed).
  - B. placing the patient on the angio monitoring system

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- C. clipping the patient's access site
- D. cleansing the patient's access site with chlorhexadine scrub
- E. placing foley catheter if not already in place
- F. ensuring at least 2 large bore IV's are present
- G. assist with intubation if necessary
- H. transferring any continuous infusions to Alaris IV pumps
- 6. On arrival to the angio suite, the RRT RT will assist with
  - A. Attaching patient to transport ventilator if advanced airway is in place
  - B. Assist with intubation if necessary
- 7. The RRT RN will hand off the patient to the angio RN and end RRT call when appropriate.

### Angio Stroke patient presenting in-hospital (except for NSICU, who will transport their own patients)

1. Once confirmation of acute stroke, the Stroke Fellow and INR Attending will notify Transfer Center to page the INR Activation Group for patient presenting in the Emergency Department (ED).
  2. The Rapid Response Team RN and RT (RRT) will report to the patient's in hospital location and assist with the stabilization and monitoring of the patient.
  3. Angio personnel will call the RRT at 4-7777 to confirm their arrival to the angio suite.
  4. The RRT and Stroke Team physician will transport the patient directly to the holding area adjacent to Angio Control Room 4 or MRI, as indicated by Stroke Team Attending. Patient to be moved into Angio Suite 4 when INR technologist indicates the room is ready.
1. On arrival to angiography the RRT RN will assist with the following:
    - a. transferring the patient to the angio table (once angio tech/RN indicate that table calibration has been completed).
    - b. placing the patient on the angio monitoring system
    - c. clipping the patient's access site
    - d. cleansing the patient's access site with chlorhexadine scrub
    - e. placing foley catheter if not already in place
    - f. ensuring at least 2 large bore IV's are present
    - g. assist with intubation if necessary
    - h. transferring any continuous infusions to Alaris IV pumps
  6. On arrival to the angio suite, the RRT RT will assist with
    - a. Attaching patient to transport ventilator if advanced airway is in place
    - b. Assist with intubation if necessary
  1. The RRT RN will hand off the patient to the angio RN and end RRT call when appropriate.

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## PRACTICE STANDARD

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