

These Guidelines are intended only for informational and/or educational purposes on the latest clinical best practice. They **ARE NOT** to be considered or utilized as a policy, procedure, protocol, or medical order, and are not intended to replace clinical judgment or determine the care of an individual patient. **THE IMPLEMENTATION OF ANY OF THE CLINICAL MEASURES DISCUSSED IN THESE GUIDELINES REQUIRES A SPECIFIC MEDICAL ORDER DOCUMENTED IN THE PATIENT'S MEDICAL RECORD.** These Guidelines were prepared and approved by the interdisciplinary teams from the University of Texas-Health Science Center Department of Neurology, Mischer Neuroscience Institute, and Memorial Hermann Hospital-Texas Medical Center-Comprehensive Stroke Center.



Concurrent Management of Two or More Complex Stroke Patients

Background:

On occasion, an emergency situation may arise where two complex stroke patients requiring critical assessment or advanced imaging by members of the stroke team present at the same time.

Procedure:

Personnel:

- 1) Under "normal" circumstances where one acute stroke patient is identified during weekday hours (Monday-Friday 0700hours-1700hours), the patient is evaluated by an Emergency Department physician (ED Attending or Resident) AND a Stroke Neurology physician (Vascular Neurology Attending or Fellow)
- 2) If a second acute stroke patient requires simultaneous critical assessment, another Vascular Neurology Fellow or Attending physician is available in-house to evaluate the patient
 - a. The order with which physicians are contacted will be:
 - i. Stroke Fellow on Consult rotation**
 - ii. Stroke Fellow on Ward rotation**
 - iii. Stroke Fellow on Clinical Research rotation #1**
 - iv. Stroke Fellow on Clinical Research rotation #2**
 - v. Stroke Attending on service**
- 3) Additional Vascular Neurology physicians live within close proximity of Memorial Hermann Hospital and can be summoned to assist in extenuating circumstances
- 4) During weekday hours, a Stroke Research Coordinator is also available to assist the physician(s) with clinical tasks related to acute stroke diagnosis and treatment
- 5) After-hours and on weekends, the Stroke Fellow on-call, Stroke Neurology Resident, and Stroke Attending on-call will be available to evaluate the emergent patient

Imaging:

- 1) Two CT scanners with CTA and CTP capability are available within close proximity to the Emergency Department. One CT scanner is designated for acute stroke patients. The second CT scanner can be easily accessed in the event a second stroke patient requires emergent neuroimaging
- 2) If these two scanners are occupied or unavailable due to mechanical failure, the inpatient CT scanner located on 2nd floor Jones Pavilion may be used
- 3) If 2nd floor Jones CT scanner is not available, a fourth CT scanner in the HVI building may be used