HACKETTSTOWN REGIONAL MEDICAL CENTER
NURSING POLICIES
STROKE-TELENEUROLOGY PROCEDURE

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Cross Referenced:	**Origin: HRMC Division of Nursing**
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SCOPE: All patient care areas within Hackettstown Regional Medical Center.

PURPOSE: To provide prompt access to a neurological consult for patients experiencing signs and symptoms of a potential stroke.

DEFINITIONS

Teleneurology: A neurologist delivers a consulting service over the InTouch telemedicine video network, in order to treat patients 24 hours a day, 7 days a week, 365 days a year, to hospital Emergency Department (ED) and in-patient units.

POLICY: A neurology consult may be requested for any patient presenting with neurological symptoms by the ED Physician or Hospitalist/Attending physician. The consult may be provided by an onsite neurologist or Teleneurology service.

PROCEDURE

I. The patient is evaluated by ED/attending physician or hospitalist who orders a Teleneurology consult.

II. Review the consult process with the patient and family.

III. The secretary, or designated person, calls the Teleneurology service via the Atlantic Health Transfer Center at 877-441-4450. The transfer center will notify the on-call remote stroke neurologist and ask for the following:

- **A.** Name of the hospital
- **B.** Name and date of birth (DOB) of the patient
- **C.** Phone number in the ED or direct number if on the floor

IV. The Teleneurologist will respond within a time frame consist with clinical practice guidelines, 15-20 minutes, to discuss the case with the HRMC physician.

V. Retrieve the teleneurology machine from the ED site and move it to patient's location.

VI. The robot should be placed at the foot of the patients' bed with one wheel locked and power on at all times.

VII. The Teleneurologist will log on and initiate the video session, his/her name will appear on the screen

- **A.** The primary RN should remain in the room to assist the Teleneurologist with the exam, specifically the NIHSS and obtaining Last known wellness time (LKWT)
- **B.** The Teleneurologist will perform the exam: including a physical exam, reviewing the medical history, CT results and other test results via the electronic medical record.
- **C.** Quick reference material will be available on the robot.

VIII. Teleneurologist will:

- **A.** Make recommendations
- **B.** Risks/benefits of t-PA will be discussed and documented.
- **C.** Assist in calculating t-PA dosage

D. Does not give order for t-PA. ED physician is responsible for giving t-PA order.

IX. At the conclusion of the exam, the Teleneurologist will have a conference with family, discuss findings, answer questions, make disposition plans, and document his/her note in the electronic medical record, becoming part of the patient's permanent medical record.

X. After the consult return the machine to its original location in the ED and plug it into a generator electric outlet to maintain the battery. DO NOT TURN MONITOR OFF.

A. Do not wipe lens on camera or TV screen with disinfectant wipes.

B. Always leave robot/machine plugged in.

C. For problems with robot, call only the InTouch IT support (number is on the robot)

REFERENCE:

Guidelines for the Early Management of Patients with Acute Ischemic Stroke: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association. Stroke; 2013 Jan: 44: 870-947**.**

Schwamm, Lee H., et al., (2009). AHA/ASA A Review of the Evidence for the Use of Telemedicine within Stroke Systems of Care: A Scientific Statement. Stroke; 40: 2616-2634

Schwamm, Lee H., et al., (2009). AHA/ASA Recommendations for the Implementation of Telemedicine within the Stroke Systems of Care. Stroke; 40, 2635-2660.