

Reply to your questions, from Froedtert and Medical College of Wisconsin Stroke and Neurovascular Program: We have implemented for 10 years a separate pager for the Stroke Team. All members of the Stroke Team carry the pager, which can be activated by a common number (which is the only number the ER knows, regardless of who is On Call). The pager is alphanumeric- which is the BIGGEST help. For any possible stroke within 24 hours, the stroke pager is used. The ed calls as soon as they learn of a possible stroke patient coming in. The caller (ER,operator,a physician in house etc- whatever the source of the patient) pages this one number and includes text with time since onset. For example- the pager may state “1234567 stroke 2 hours” or “1234567 TIA 6 hours ago resolved” or “stroke under 24 hours time unknown” etc. Then all stroke team members know the status and can act accordingly. The attending MD answers call for any cases under 6 hours while the resident goes to the ER. Resident only answers after 6 hours, with follow up call to attending after assessment. Several attending physicians take call- so when we are NOT on call we ignore the pager. Our residents and faculty MD use the time info on the pager to triage their work to accommodate the stroke case- for instance finish with a floor case for the resolved TIA patient, but drop everything and run to ER for a less than 3 hour case. Finally- the pager is not passed around (too risky)- but rather, all members carry their own team pager, and ignore it or turn off when not on call. Pager is carried by: all stroke MD, stroke team nurse, coordinator (to track cases), stat lab tech, CT tech, pharmacy (to prep tPA), on call senior and junior resident (this one is passed around). For cases paged before any physician evaluation (such as with only EMS notification), the stroke MD will answer, and direct the ED doctor to page again after they do a quick evaluation, again adding relevant text. This way we can be on alert, but don't disrupt other activities until stroke is better diagnosed. We serve only 1 hospital, with our offices attached.

Hope that helps-

Diane Book MD

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Our facility has used the beepers since the inception of the program. We call the alert to the operator (if the patient is within the window) and the operator pages the team. The people who carry the beeper are myself, the lab, the CT scanner, and the neurologist. The neuro has 15 min to respond...everyone else is expected to be present at bedside asap.

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We are currently using a beeper system for stroke
If EMS calls and tells us we are getting patient with stroke symptoms
we use the beeper system
If the patient presents to ED with stroke symptoms we allow the nurse
to call operator who announces and pages those needed.
The doctor does not have to see first unless the nurse doubts for
whatever reason. The call goes to our operator who announces overhead for the whole
hospital and instructs staff to use stroke protocol. The page goes to neuro MD on call,
nursing supervisor on off shift, CT so table is cleared for stroke patient. The ED nurse
manager also gets page as a tracking for stroke patients so can be involved if available.
The neurologist calls back in 15 minutes allowing the ED doctor time to
see patient first. CT does not respond only calls with CT ready for
patient. We activate the stroke team for patients with symptom onset of less than 6 hours.
If they are out of the window we use the same
protocol but do not activate the team. I am attaching our stroke team
policy, it speaks to ED and in house patients.

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At UIC we have a system where the Stroke Team attending, Neuro ICU
attending, Stroke resident, Stroke fellow, on call Pharm D and Stroke
nurse all carry a linked pager. The ED was instructed to activate these pagers should a
suspected stroke with symptom onset of less than 6 hours come to the ER. A text message
"acute stroke in ED" is sent and all respond. It's usually activated after the ER attending
sees patient and verifies the information. Hope it helps. Maureen

We currently do not have beepers for our stroke response team but that would be the way
to go and we hope to in the future.

Betty Miller RN BSN