

For safety and to minimize confusion, we request that the Stroke Code Leader and nurse identify themselves to the CT and MR Technologists upon arrival, and that any other Stroke/Neurology team members or students remain outside the control room and immediate scanning areas in CT and MRI.

1. When a Stroke Code is initiated at Hillcrest, Stroke Code Leader will meet & assess the patient en route to or at the CT scanner.

- CT Tech to notify Neuro CT resident (3-2566)/on-call resident (pgr 5063) that Stroke Code being done
- Resident to provide real-time prelim via phone to Stroke Code Leader (if available) and document in PACS 'ibox'
- Stroke Code Leader to assess patient for MRI safety (*EPIC Doc Flowsheet being created*)
- Stroke Code Leader to call MRI Suite (3-7040) to confirm scanner and pump are available

Current regular hours of MRI at Hillcrest:

Mon-Fri 7am – 11pm Sat-Sun 7:30am – 4pm Holidays on call only
 If after hours, page MR fellow on call (pgr 0078) to see if MRI tech is already in-house
 MR Techs will not be called in for acute stroke MRI

2. At the completion of the CT, the Stroke Code Leader may consider:

- Calling MR (3-7040) to alert them team is en route for urgent acute stroke MRI
 - EPIC order: 'MR Acute Stroke Code (Neurology ONLY)' on IP Neuro and IP Stroke Neuro lists
 - Order will generate page to Neuro/MRI Fellows (pgr 0078) and MRI Techs (pgr 4250)
- Ordering tPA (specify to pharmacy whether to bring to MRI suite or ER)
- Proceeding with CT Angiogram if contraindications to MRI, or MRI not available
- Returning to ER for management, particularly if other etiology identified (hemorrhage, mass, etc.)

3. If urgent MRI is available, Stroke Code Leader and nurse will accompany the patient to the MRI suite holding area for additional evaluation, iv access, starting tPA, etc.

- Stroke Code leader will verify patient safety screening with the MRI Technologist (*EPIC Doc Flowsheet being created*)
- On Scanner: 'Acute Stroke MR'
(sag T1, ax DWI, T2*/GRE, FLAIR, ToF MRA Circle of Willis, Contrast MRA neck, Contrast PWI)
- Acute Stroke MR protocol is set to match ACTION research trial. Sequences are not to be altered.
- Stroke Code Leader may eliminate sequences if not ACTION research trial candidate. No sequences will be added.
- Radiology Neuro/MRI Fellow will call MRI at 3-7040 to provide prelim read to Stroke Code Leader, if available
 - Prelim read will be documented in PACS 'ibox'
 - If Stroke Code Leader needs to reach Radiology Fellow, page 0078
- If tPA is administered, the MRI-compatible pump will be returned to the MR suite upon infusion completion

4. ACTION Research Trial

- The 'Acute Stroke MR' is approved for the ACTION study on the 1.5T and 3T magnets at Hillcrest

All ACTION enrolled patients will receive 3 follow-up MR scans, timed from drug infusion:

24-30 hours**	Protocol Viewer: TBD	On scanner: '24 HR ACTION'
Pre-discharge or 5 days	Protocol Viewer: TBD	On scanner '5+30 DAY ACTION'
27-33 days	Protocol Viewer: TBD	On scanner '5+30 DAY ACTION'

All scans must be performed on the same scanner with the exact same parameters

** Initial follow-up scan may be scheduled as early as 18 hours post-study drug infusion in the setting of GFR \geq 60**
 Contrast for the 24 hr scan must be via 18 gauge RIGHT antecubital iv; 10 ml MultiHance for PWI

- MR Technologists are not to be called in after hours for ACTION studies
- Please consider weekend/holiday hours when enrolling, as the 18-30 hour follow-up scan is mandatory
- If 18-30 hour MR slot is not available, contact Neuroradiology Faculty on duty re: ability to alter outpatient schedule
- Karen Rapp will coordinate w/ Dr Bykowski, Jennifer Berry, Jodie Curry and Eva Bruce when a patient is enrolled