**LAB STROKE PROTOCOL REVISITED**

**( FOR THE ED LAB)**

* NIH Stroke Scale (NIHSS) is done upon admission to the Emergency Room, upon admission to the ICU/Stroke unit (7W) and NSU. The recommended response time for acute ischemic stroke from door to administration of tPA (clot buster) is ≤ 60 minutes. The TAT for lab results is ≤ 45 minutes. This is now measured from the time the **patient is admitted** (door time) to the time the test is resulted which is different from when we first implemented the Stroke Protocol which was from the time the **test is ordered** to the time it is resulted.
* To meet the accreditation requirements, the laboratory must meet a specified turnaround time for certain tests:
* CBC NO DIFF
* SERUM ELECTROLYTES
* SERUM BUN
* SERUM CREATININE
* RANDOM GLUCOSE
* INR
* aPTT
* Any specimen received in the lab in a purple Stroke Protocol Only bag for the tests listed above must be expedited and resulted out within 45 minutes.

There had been some recent drop offs from meeting the Turn around Time for specific test/s which have been attributed to instrument malfunction or break down. So we will still be able to meet TAT, we need to assure that the following are done:

1. The CLS/s doing the testing should immediately inform the Main Lab about any instrument problem and advise them of incoming specimens from the ED lab. Document the problem/s in the Stroke logbook
2. Communication should also include the Chemistry and Hematology CLS.
3. Re-accession the specimens for 1505. Reject the previous accession number for 4867 using the rejection code DTR or duplicate order not ITRE (Instrument Technical Related error).
4. Place the specimens in the original PURPLE BAG to avoid getting mixed in with other specimens.
5. Tube the specimens immediately to 1505.
6. Call Specimen Processing to make sure they have received the specimens and delivered them to the testing areas.
7. Check LMS for results and follow up with any delays.