

 <p>Methodist Health Services Corporation Laboratory 7000 Administrative</p>	Page # 1 of 1	Section: Patient Services	Policy #: C-25
	Approved by: <i>Dananda V. Trish</i>	Date: 8/21/13	
	Date Revised/Reviewed: Supersedes		
	Policy/Revision Submitted by: Theresa King		
	JCAHO Standard:		
POLICY ON: LABORATORY RESPONSE TO STROKE TEAM			

I. POLICY STATEMENT:

The laboratory shall respond to Stroke Team calls with urgency as delineated in this policy.

II. PURPOSE:

Provide guidelines on lab response to activated Stroke Team protocols, including roles and responsibilities of lab personnel.

III. POLICY SCOPE:

Laboratory phlebotomists, processing personnel, and technical staff.

IV. GENERAL INFORMATION:

Laboratory personnel must respond with urgency to Stroke Team calls, and must be prepared on how to respond. Stroke Team test order sets include Hemogram or CBC, CMP, Protime, and APTT testing. Any delays may have significant impact on the care of the patient in these clinical cases. These may be activated 24 hours a day, 7 days a week. The laboratory expected turnaround time for all stroke testing is 45 minutes from order to result report. Additionally, failure to meet these standards may compromise the organization's Stroke Center Designation by Joint Commission.

V. PROCEDURE

A. ALERT/NOTIFICATION: Lab is made aware of stroke team activation as described:

1. Overhead announcement: "Stroke Team to (location). Activate Stroke Protocol" repeated twice.

B. Switchboard will activate automated phonecall to processing area.

C. BLOOD COLLECTION

1. PHLEBOTOMY will immediately report to all NON-ED locations for blood collection and transport. Stroke form must be completed at time of collection/transport. Apply stroke labels to specimen containers and transport bag.

2. Emergency Department will collect and deliver specimens through pneumatic tube system. If unable to obtain they will directly request phlebotomy for collection.

D. PROCESSING RESPONSE:

1. PHLEBOTOMY/PROCESSING

a. Receive specimens from pneumatic tube system or specimens hand-delivered to laboratory.

b. Complete accompanying Stroke Form; if not received – initiate stroke form.

c. Check for orders in Laboratory Information System (LIS). If not entered, phone ED/floor to have them placed and document on Stroke Form who was contacted and time.

d. Receive specimens into the LIS.

e. Label tubes (if needed), attach stroke labels if not previously done.

f. Immediately distribute directly to testing staff.

1) VOCALIZE as Stroke Specimens directly to technical staff.

2) Hematology (purple top) should be placed directly onto hematology line for testing.

3) Coagulation tests (blue top) will be handed to technical staff in hematology, or place directly into stat centrifuge in hematology.

4) Chemistry tests (gold/green/red top) will be placed into stat centrifuge in chemistry if it is open, otherwise place in Stat basket with Stroke Form.

2. STROKE ASSIGNED TECHNICAL STAFF

a. Daily, a member of technical staff will be assigned specifically as the stroke tech.

b. First shift will be marked on Schedule as "S", Second shift will be the pour-off person "P", and third shift will be the tech assigned to chemistry.

