**Effective 6/22/2021:** lab staff needs to show up to all code strokes and draw blood as requested as well as draw blood for respiratory when a point of Care creatinine needs ran on mostly ED patients coming to us. All other blood is sent back to lab for processing.

For patients starting from the ED, they should be fast tracked to CT scanning and bypass ED.   The code stroke should be activated so the ED CODE phone will always need to be carried for someone to respond when activated.  That means whoever is carrying this needs to be communicating with their team that day as to who can go or needs to go when staff is tied up.  The expectation is that LAB responds to all IP and ED(OP) code strokes for any labs needed.

Patients with no orders may have an order set of a CBC, BMP, INR as well as the POC creat. (Yes, it may be a duplicate and they know that if a BMP is ordered as well.  Best practice is to have that CREA at the beside if possible.)  They will not wait to do a CT though if things don’t go as planned. Lab and Respiratory will need to work as a team to make sure the tube is given to Respiratory to run that POC Creat when it is going to be ran.

For IP strokes, most patient will have had blood work completed so POC creat will not be ran as much since they can use a value done with in a 24-hour period. There still may be the request for lab draws so Lab still needs to attend and listen for what needs to be done when Code Stroke is called on an IP.

Bullet points:

* Carry the CODE PHONE and respond to all code strokes (no change for lab)
* Be prepared to follow patient to CT when coming through ED to draw blood between scans. First scan may be done and then access to the patient given. Know where CT is and where you should stage and ask for direction from the team
* Work with respiratory to give them a green top to run POC Creatinine when necessary. (Mainly ED patients with no previous lab work)
* Draw labs as requested and send to core lab. Orders may or may not be in system so be prepared to send on Downtime or labelled blood with a call to lab to let them know blood sent is a code stroke. Maybe we can get cards to place in bag to identify blood as Code Stroke for processing, so it does not set idle as blood with no orders.
* Talk and communicate what works well and problems as they come up.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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