



**The British Columbia Section of Emergency Medicine
Position Statement:
Emergency Physician Thrombolysis for Acute Stroke**

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Team Members:

Project Lead: Dr. William Cunningham
Project Support: Dr. Allan Holmes
SEM Executive Sponsor: Dr. David Haughton

Development Process

A draft consensus statement was developed by Drs. William Cunningham and Allan Holmes which was then distributed, via email, to all members of the BCMA Section of Emergency Medicine. Feedback and input was received from several members and the draft was updated. A final version was sent for review and approved by the SEM executive.

Disclaimer

The BC Section of Emergency Medicine Position Statement: Emergency Physician Thrombolysis for Acute Stroke is intended to outline one or more preferred approaches to the investigation and management of Acute Stroke. This Position Statement is not intended as a substitute for the advice or professional judgment of a health care professional, nor is it intended to be the only approach to the management of Acute Stroke.



The British Columbia Section of Emergency Medicine Position Statement Emergency Physician Thrombolysis for Acute Stroke

1. SEM believes the every citizen of British Columbia should receive optimal acute stroke care to extent of each facility's available resources.
2. Given that the evidence supports the giving of tPA in select cases of stroke, the British Columbia Section of Emergency Medicine ("the Section") supports Emergency Physician use in those patients who meet the strict inclusion/exclusion criteria and in accordance with a site approved protocol.
3. The SEM supports the position that the final decision to administer a medication or therapy or not, rests with the ordering physician, based on their diagnosis and interpretation of evidence supporting a therapy or not, irrespective of the decision making support offered by a remote consultant.
4. Emergency Physicians who administer tPA to patients currently or in the future should be supported, as necessary by education, protocols, order sets, immediate 24/7 access to CT scan, a qualified specialist to interpret the CT Scan, immediate 24/7 access to a qualified neurologist through a 24/7 Telestroke¹ system and the necessary resources to manage the patient post tPA administration in both in the ED and as an inpatient.
5. The Section supports a distributed model of delivery of stroke care through either a self sufficient and locally organized stroke care delivery model, a Telestroke supported site or a regional stroke care delivery system.
6. The Section supports the monitoring of each case where tPA is administered through both a local audit and a provincial registry system.
7. The Section supports that whenever possible, all efforts should be made to obtain and document informed consent prior to provision of tPA.
8. The Section supports changes, where necessary, to the Fee Guide and Service Contracts to accommodate the enhanced role of Emergency Physicians in providing tPA and acute stroke care.
9. The Section supports a system wide assessment to determine the impact of expanding the use of tPA in the province. In addition, all necessary strategies to mitigate any resulting additional pressures on the current health care system must be in place prior to rollout at any individual site.
10. The Section supports that the tPA/acute stroke program must be linked to a Rapid Access TIA program.

¹ Telestroke is defined as the ability to access a qualified stroke neurologist initially through teleconference followed by access via a two-way videoconference.