

## Panel 1: T<sup>3</sup> Trial Intervention components

### T<sup>3</sup> Clinical Protocols

#### *Triage*

- All patients presenting with signs and symptoms of suspected stroke should be triaged at Australian Triage Scale (ATS) Category 1 or 2 (seen within 10 mins)

#### *Treatment*

- tPA
  - All patients to be assessed for tPA eligibility
  - All eligible patients receive tPA
- Fever
  - All patients to have their temperature taken on arrival to Emergency Department (ED) and then at least four hourly whilst they remain in ED
  - Treat temperature 37.5°C or greater with paracetamol within one hour
- Sugar
  - Formal venous Blood Glucose Level (BGL) to be sent to laboratory on admission<sup>#</sup> to ED
  - Record finger prick BGL on admission and monitor finger prick BGL every 6 hours (or greater if elevated)
  - Administer insulin to all patients with BGL > 10 mmol/L within one hour
- Swallow
  - Patients remain Nil By Mouth until a swallow screen by non-Speech Pathologist (SP) or swallow assessment by SP performed i.e:
    - No oral food or fluids to be given prior to swallow screen by non-SP or swallow assessment by SP
    - No oral medications administered prior to swallow screen by non-SP or swallow assessment by SP
  - All patients who fail the screen are assessed by a SP

#### *Transfer*

- All patients with stroke to be discharged from ED within 4 hours
- All patients with stroke to be admitted to the hospital's stroke unit

### T<sup>3</sup> Implementation strategy

#### *Multidisciplinary Workshops<sup>^</sup>*

*Workshop 1 - Barriers and Enabler Assessment (one at each site, 60 minutes)*

- To present details of trial
- To identify local barriers and enablers
- To identify local site clinical champion

*Workshop 2 - Action Plan (one at each site, 60 minutes)*

- To discuss Action Plan
- Ascertain actions already taken
- To discover any further local barriers

#### *Didactic and interactive education<sup>^</sup> (minimum one at each site, 30 minutes)*

- 20 minute Powerpoint presentation and 10 minute discussion
- 8 minute video developed by an academic ED nurse clinician/ opinion leader

#### *Use of clinical opinion leaders*

- Key national clinical opinion leaders at workshop 1 and available for any site requested queries
- Clinical site champions

#### *Reminders*

- Reminder poster to display in ED and pocket sized card to attach to ID lanyard for staff
- Proactive direct contact every six weeks in the form of:
  - Site visits three months face to face
  - Teleconferences every three months with clinical champions and site coordinator using action plan
- Emails – reactive and monthly proactive emails
- Telephone support – reactive

<sup>^</sup> Face-to-face multi-disciplinary group sessions held in each intervention

<sup>#</sup> 'on admission' defined as within 30 minutes of arrival to ED