Beaumont® | HEALTH SYSTEM

| Subject | | No. | Page |
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| ***Stroke-Adult*** | | **1010** | 1 |
| Policy Coordinating/Department(s) | Prior Issue Date | Issue Date | |
| ***Emergency & Neurology*** | **11/2014** | **8/2016** | |

**Upon completion of the triage assessment, the Emergency Center clinical nurse will:**

1. Suspect the development of a stroke in patients who demonstrate the following **Signs and Symptoms of Stroke**:
    a. Sudden abnormal speech or loss of comprehension
    b. New onset facial droop
    c. New onset numbness or weakness of the face, arm or leg, especially on one side of the body
    d. Loss of consciousness without return to baseline
    e. Sudden onset vertigo, ataxia, difficulty with walking, or loss of balance or coordination
    f. Sudden loss of vision or sudden visual changes
    g. Sudden severe headache without known cause
    h. Positive Arm or pronator drift: ask the patient to hold both arms out with palms up and eyes closed for 10 seconds. Watch for a drift of one arm.
2. **Document time of onset on triage record:**
    **a.** If the onset of symptoms is **within** 12 hours or if the patient presents as a wake up stroke, the triage nurse will classify the patient as an ESI score of 1, place the patient in a CAT 1 bed and alert an Emergency Center Physician (ECP) to examine the patient **immediately** and page the Stroke Team (RO).
    b. If the onset of symptoms is between 12-24 hours the triage nurse will classify the patient as an ESI score of 2. The EC physician will be notified of the patient's arrival with an evaluation goal **within 10 minutes.**
3. Perform accucheck (if blood glucose is less than 70 mg/dL, notify ECP immediately and administer -25 gm of 50% Dextrose IV Push for blood glucose < 70 if patient unconscious. Administer 12.5 gm of 50% Dextrose IV push for conscious patient (refer to policy #1040.2 for further management).
4. Order and obtain head CT-Stroke Protocol without IV contrast immediately if onset of symptoms within 12 hours or if the patient presents as a wake up stroke, or within 24 hours if a basilar artery occlusion or posterior circulation stroke is suspected (symptoms such as sudden onset gait instability, loss of coordination or visual changes). CT head results must be obtained within 45 minutes from the time of arrival.
5. Obtain 12 lead EKG . If requested and available, an old ECG will be provided to the physician.
6. Beaumont RO: Obtain Acute Ischemic Stroke forms via EC website.
7. Obtain a pulse oximetry reading on room air. Place patient on oxygen to maintain pulse ox greater than 94%.
8. Place the patient on a cardiac monitor and document the rhythm on the nursing record.
9. Obtain and document the patient's height and actual weight in Epic.
10. Obtain a peripheral IV access site (18 gauge) and flush with 3 ml of sodium chloride 0.9% injection. Do not use the external jugular as an IV site. If TPA administration is a possibility, start a second IV site.
11. Do not delay IV tPA bolus for 2nd IV placement or foley placement.
12. Draw and send the following labs: BMP, CBC, and PT/INR/APTT and total beta HCG if patient of child bearing age (lab **results** must be obtained 45 minutes from the time of arrival).
13. Order STAT portable CXR.
14. Obtain and document in Epic vital signs according to ESI score. (Note: If patient receives thrombolytics, follow thrombolytic administration protocol).
15. If patient is to receive thrombolytic therapy, provide patient and/or family with t-PA risk flyer.
16. Perform and document in EPIC neurochecks Q1 hour under neuro in doc flowsheet. (Note: If patient receives thrombolytics, follow thrombolytic administration protocol).
17. Complete a swallow screen prior to administration of oral intake or po medications. If patient fails swallow screen, keep NPO including meds.
18. If patient passes swallow screen, keep patient NPO except meds until further orders given by ECP.
19. Keep head of bed elevated at 30 degrees to decrease risk of aspiration and to prevent development of increased ICP.

# Beaumont Hospital, Grosse Pointe

## Stroke Team Work plan

**9/1/2016**

| No. | Task / Activity | Responsibility | Start Date | Target Date | Status | |
|---|---|---|---|---|---|---|
| **Key Initiative: Maintain Joint Commission certification as Primary Stroke Center** | | | | | | |
| 1. | Ongoing data collection through UHC registry | R. Brown/C. Solecki | Jan-09 | Ongoing | C | **Renee and Cathleen presented May and June data with (100% on all core measures). Internal Quality Indicators reviewed and cases of fall out discussed. Action plans for TAT's include: calling Code Stroke for all pts with LKW < 12 hours. Many of these cases, no code stroke was called. Other actions: mock code stroke done 8-1-16, went well; More empowerment to EC RN's to initiate Code Stroke and order Head CT's. Provide continuing education to EC RN through huddles, orientation, and one on one education to provide care in the following order: 1. VS, 2. Blood Glucose, 3. CT, 4. EKG, Labs, & CXR; new Stroke Advanced Treatment Guidelines coming soon; ECP at triage for busy time ( 3-7 pm) started this week; and stroke narrator went live this week. Team discussed if we should call a code stroke for pt whose s/s completed resolved or possible TIA. The decision was to not call a code stroke for a TIA pt but to document "no code stroke called due to s/s resolving". Discussed 3 tPA cases all did well. One in June (conversion disorder) and 2 in August. Stroke Alert sheets shared with leadership team and staff involved with code stroke, to thank them for the excellent stroke care provided. Discussed case that was transferred to RO for IA tPA and Thrombectomy in 5/9/16. Cathleen will attend RO QA and PI meeting on any IR transfers to assess how our process and look for opportunities.** |
| No. | Task / Activity | Responsibility | Start Date | Target Date | Status | |

# Beaumont Hospital, Grosse Pointe
## Stroke Team Work plan
**9/1/2016**

| No. | Task / Activity | Responsibility | Start Date | End Date | Status | Notes |
|---|---|---|---|---|---|---|
| | Joint Commission Preparation | C. Solecki/Stroke Team | Jan-16 | Ongoing | IP | **JC onsite visit has been moved back to sometime between Oct and November. the new black out dates are Oct 4-7, and Oct 14th. All of the ECP/MLP's have done the online NIHSS training. Continue with NIHSS for 2nd floor nursing staff (especially Observe RN's) on both the ASA online modules and skills competency check-offs on 2 pts. Still need focused education for both EC and in-pt nursing on what to expect with JC visit. Sandy and Cathleen conducted a Stroke Mode Code for EC this month, which went well with opportunities for improvement identified. Cathleen developed a new checklist for H.O-to include all order sets saved to their favorites, complete the online NIHSS, and review stroke core measures (see attached). Discussed Nursing tPA administration checklist for EC and ICU staff to use as guide for transition of care. This is not a part of the EHR (see attached). Shared "Conditions to monitor for administrating tPA", now in EPIC. Staff to document any s/s of bleeding or angioedema (see attached).** |
| | CME's | Entire Stroke Team | Mar-12 | Ongoing | C | **Remember to complete evaluation to receive CME's. See link. Must complete evaluation within 2 weeks of meeting. http://meded.beaumont.edu/cme-mycmecredit or can download QR code reader app and use barcode at the bottom of the agenda to complete evaluation ( see new code on revised agenda attached).** |
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# Beaumont Hospital, Grosse Pointe
## Stroke Team Work plan
**9/1/2016**

| No. | Task / Activity | Responsibility | Start Date | End Date | Status | Notes |
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| | **Present:** Dr Voci; C. Solecki; R. Brown; J. Cherry; B. Taylor; J. Yaker; K. Little; L. Innes; S. Rizzo; Pam Lively; M. Amarnath (phone); S. Agigo (phone) | | | | | |

Absent: M. Charbonneau; M. Leblanc; G. Clark; S. Muscat; R. Thomas; M. Jahn (excused)

| | LEGEND |
|---|---|
| | Active |
| | In Progress |
| | Pending |
| | Complete |