Stroke Scenario

Points to hit on (stroke protocol, call team, O2, monitor & rhythm interpretation, neuro assessment, IVs, blood (creatinine/INR PTT), finger pick, weigh patient, CT, family involvement); Ischemia vs Hemorrhagic

Presenting patient with EMS, has clothes on

Prior to arrival, the stretcher scale is calibrated so pt. can be weighed

EMS gives poor history because it’s end of shift – knows history but volunteers little. When probed history is:

called to retirement home, patient found in bed 30 min. ago with dec. level of consciousness, left extremity weakness. Is normally ambulatory with no difficulty. Past history includes hypertension – takes HCTZ 25 mg. Type 2 DM – diet controlled. NKDA. Daughter in room anxious, won’t leave bedside, asking lots of questions

Last seen 2 ½ hours ago when she went to bathroom. Had no difficulty then.

if nurse asks about pt. weight – patient is 75 kg. just weighed last week at retirement home.

Assessment: Oriented to person and place, confused to time. Drowsy – responds to loud verbal stimuli. PEARL 3 mm. L hand and foot significantly weaker. Can’t squeeze with left hand.

Monitor: atrial fibrillation rate 116, BP 168/98, RR 20 T 36.2, SpO2 94%

Finger pick glucose 4.6

Stroke team is notified as soon as patient arrives

IVs to be inserted, blood to be drawn (lavender, light blue, green)

Pt. goes to CT – need to re-enact this somehow…….maybe a pause???

CT shows ischemic stroke: declared a candidate for tpa

Need to check INR results (1.2)

Nurse needs to draw up 10% for MD to give; 90% will be used for infusion

**Scenario – Stroke Protocol**

**Observer 1 Checklist: Stroke Protocol**

Learning Objectives:

1. Complete neurological assessment in patient with neurological presentation
2. Recognize criteria and initiate stroke medical directive when appropriate
3. Demonstrate understanding of stroke medications (thrombolytics) and oxygen including indications, side effects and its role in medical directive
4. Utilizes available resources appropriately

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Activated stroke team |  |  |  |
| Hand hygiene completed |  |  |  |
| Calibrated weigh scale or discussed need for weight of patient |  |  |  |
| Undressed patient, introduced self |  |  |  |
| Attached to monitor; assessment of airway, breathing and circulation- completed vital signs and interpreted rhythm on monitor |  |  |  |
| Assessment of neurological system |  |  |  |
| Completed finger pick |  |  |  |
| Inserted IVs, drew lab work |  |  |  |
| tPa was appropriately mixed and administered |  |  |  |
| Communicated with family |  |  |  |

**Observer 2: Team Communication & Documentation Checklist**

Teamwork objectives:

1. Demonstrate clear, specific and timely communication with other team members and family members.
2. Demonstrate appropriate and timely use of resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Members** | **Y** | **N** | **Comments** |
| Are concise, clear and specific in communication |  |  |  |
| Seek information from all available resources |  |  |  |
| Activated appropriate personnel in timely and acceptable manner reporting key inclusions (Situation, Background, Assessment and Recommendations) |  |  |  |
| Communicated with family regularly |  |  |  |
| Did team members document all critical information? |  |  |  |
|  |  |  |  |

**Observer 3: Team dynamics**

1. List examples of effective communication you observed during this scenario (including closed loop communication).
2. Have you observed times in which communication was unclear and you did not observe closed-loop communication? If so, provide examples and explained how the closed loop communication would have improved the scenario.
3. Were appropriate resources utilized well and in a timely fashion?

Give examples.

**Observer 4: Assessment Observations of RN 1**

1. Were key assessment and interventions organized and prioritized appropriately?
2. Describe collaboration efforts of RN 1 with RN 2.
3. Describe the interactions with family member/significant other.
4. Describe the interactions with physician.