

Medicine Hat Regional Hospital

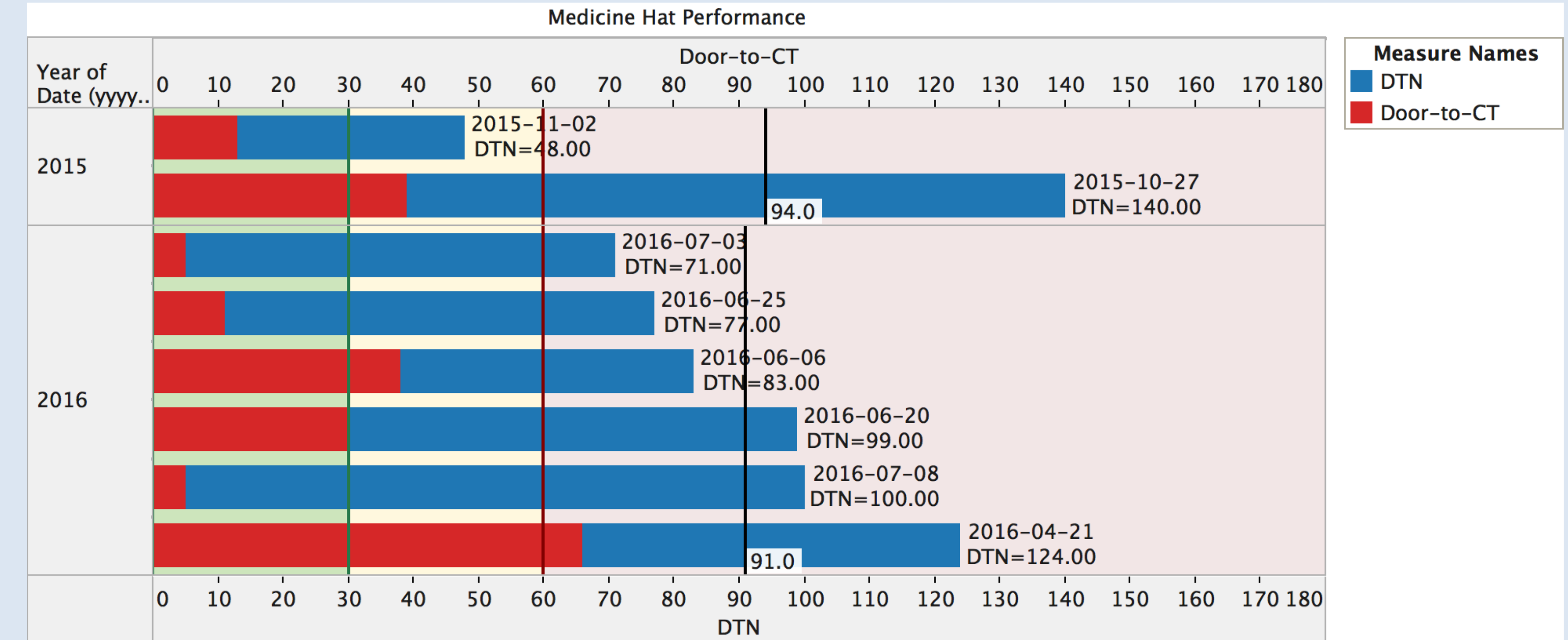
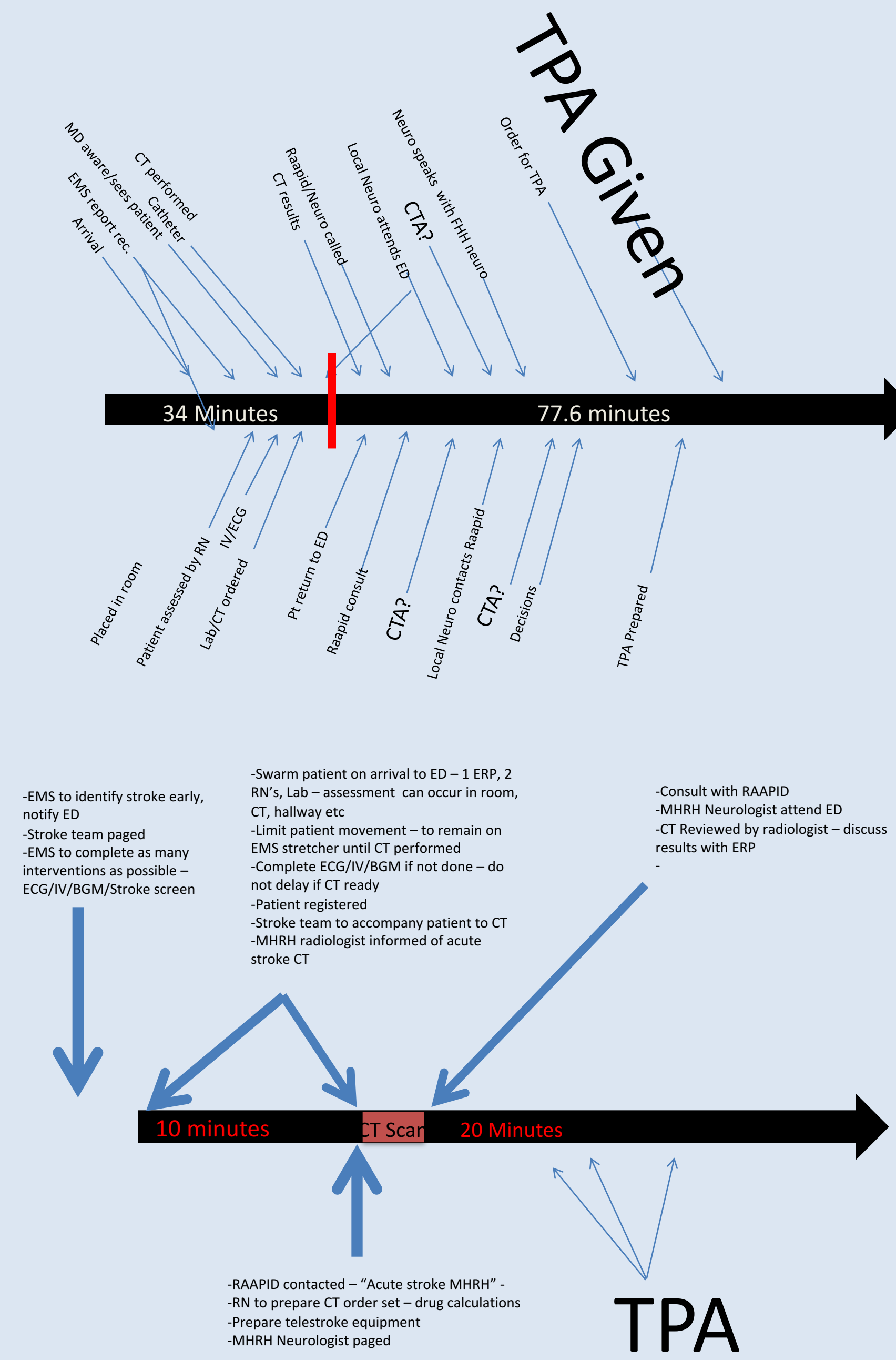


The Team

- **Ryan Klick:** Manager, ED
- **Brenda Ashman:** Director, Critical Care and Medicine
- **Emad Salih, MD:** Internist
- **Tyler Van Mulligan, MD:** ED Physician
- **Darrin Gerl:** Manager, DI
- **Mark Gripp, MD:** Radiologist
- **Dave Warharft:** Manager, Medicine Hat EMS
- **Dawn Smith:** CT Tech
- **Barbara Jerl:** Vascular Navigator, Medicine Hat
- **Jill Denman:** Manager, ICUR
- **Natalie Sauter, RN:** ED Nurse
- **James Eric Daniels, MD:** Physician

Changes Implemented

- Work with our EMS partners to identify stroke and provide necessary notification
- Development of an Acute Stroke protocol
- Development of a stroke team- including a stroke page
 - EMS
 - ICU/ED RN
 - ERP
 - Lab
 - CT
 - MHRH Neurology
- Mobilizing these resources and using a “Swarm” approach to patient on arrival.
- Early access to RAAPID



MHRH Stroke Protocol								
Patient Location	EMS	Nurse #1	Nurse #2	ERP	CT	Lab	Unit clerk	Neurologist
Pt's home	Rapidly assess patient for CVA-including but not limited to: Time on onset, symptoms, past medical history, GOC, Vitals, BGM, Attempt to obtain LU/HCN, if unavailable acquire name and birthdate. Can initiate Triage patch from patient home prior to transport.							
In ambulance/transport	Pt put in gown initiate O2/monitor, attempt to initiate IVx2 (leave IV saline locked) Transport "Red" Patch to receiving hospital with following information: Age/Sex Last seen normal GCM Symptoms Vitals-stable/unstable GCS, ETA	Triage nurse: record patch information: if criteria met to activate stroke protocol notifies unit clerk to activate stroke protocol. If unit clerk not present pages stroke team members	Is notified of EMS patch and prepares TH2 for patient arrival including moving any patients in TH2 to appropriate room.	Is notified of EMS patch and pending patient arrival, ETA	CT is made aware of pending arrival of stroke patient. Prepares machine, and expedite any patients currently having a CT performed	Attends the ER.	Pages appropriate stroke team members	Receives page and calls the ED
Emergency department arrival-EMS doors - If TH2 available, bring patient into TH2 and leaves ON EMS stretcher	One EMS staff member goes to triage to register patient, if no data is available patient is registered under a temporary patient- other EMS member gives verbal report to staff including interventions done	Concurrent with ERP assessment performs NIH assessment.	Ensures 2 patent IV's, 12 lead performed,	Assess ABC's and performs a neuro assessment on patient working with RN #2 to ensure baseline NIH is performed.	Is prepared to receive patient. Notifies radiologist that patient is coming for CT. Radiologist - If in department attends CT room or prepares to read report. If at home prepares home computer	Is in department and goes to where the patient is, draws if not drawn a purple, green blue tube. Performs INR as a superstat	Once patient is registered enters in acute stroke protocol order set. Obtain Netscape med list	Attends to the ER
Emergency to CT	Continues to stay with and monitor patient. Responsible for transporting patient, keeping patient on monitor. Once patient is moved to CT table will return to ED and bring stretcher from TH2 to CT room	Stays with patient, is responsible for monitoring/charting on patient.	Stays in TH2 gets TPA order set out, calculates TPA dose and completes the TPA order set so doses are known. Initiates call to RAAPID to get Calgary Stroke team Ensure telehealth equipment on and ready if needed	Works with Nurse #2 to ensure TPA order set is ready. Completes inclusion and exclusion criteria sheet.	Performs CT. If radiologist is at home notifies when CT is complete Can perform CT without REQ. Attach registered patient to exam following proper patient registration	Perform and report all start blood work	Calls RAAPID if directed by ERP	If patient in CT attends CT department to meet patient.
CT-TH2	Completes handover of patient. Returns to EMS office and then reports back on status of patient and EMS flight crew Can stay and assist as required Consider flight team to attend to patients beside to assist as required.	Connects patient to monitor, DOZE in TH2. Continues to evaluate, assess and chart on the patient If any duties not complete, complete now, eg catheter	Prepares TPA - ensures orders are reviewed with Nurse #1	Receives CT head report from DI/Radiologist If under 3 hours from time of onset can order TPA to be given. RAAPID consult	Expedites report to ERP/neurologist Uploads images to netcare , Calgary DI to be viewed if needed in Calgary Radiologist- reads CT and dictates CT report. Phones ERP and gives verbal report based on CT report. Discussion regarding CTA		If instructed photo copy chart and initiate transfer	Assesses and assumes care of patient and instructs ERP/ED staff to administer TPA Can speak to RAAPID
TPA Admin	Can assist if required	Continued assessment of patient	Administers TPA as ordered, double check performed with Nurse #1	Consider ordering CTA				Consider ordering CTA
TH2-CTA	If present can assist with patient to return to CT	Transports patient and monitors as required	Transports patient and maintains and monitors TPA infusion and patient status		Notifies ED when patient can come for CTA. Prepares scanner and dye infuser prior to patient arrival		Orders CTA as stat Phone notifies CT that a CTA is required	