

Stroke Alert

Door to Needle Improvement

Chinook Regional
Hospital

Emergency
Department

29 September 2015

Faculty/Presenter Disclosure

Presenter: Kevin Reedyk

Relationship with Commercial Interest

None

Background

- ❑ Similar to other sites – linear processes
- ❑ Data collected and reviewed
- ❑ Active Stroke Services team

How to Improve

- ❑ Data Review
- ❑ Lessons learned from Trauma and Cardiac Care
- ❑ Determined need to apply same principles to stroke care

Purpose

- ❑ Activation which alerts key personnel required for Acute Stroke ED care
- ❑ Guideline outlines the process of the Stroke Alert and roles and responsibilities of team members

Guideline

- ❑ Authority to Activate Stroke Alert
- ❑ Activation Criteria
- ❑ Stroke Team Members
- ❑ Process to Activate
- ❑ Roles and Responsibilities

Authority to Activate


- ❑ Authority to Activate: ED Triage Nurse
- ❑ Activation Criteria: F.A.S.T.
- ❑ Stroke Team Members:
 - ED physician
 - Neurologist (Local coverage vs. Calgary via RAAPID)
 - ED RN
 - ED Unit Clerk
 - Lab
 - CT or Rad Tech
 - Radiologist

Stroke Alert

Activation Process

1. ED Triage Nurse notifies Unit Clerk
2. Unit Clerk utilizes Stroke Alert Notification Form and calls team members and monitors response times
3. First Physician at bedside will perform a brief assessment
4. STAT CT and Labs drawn simultaneously
5. RN assessment post CT

Patient Label
(Name & DOB)

 Alberta Health Services

Date: _____ Patient ETA: _____

Emergency Department

Stroke Alert
Notification Form

Emergency Department overhead announcement made with ETA _____
(time)

Neurologist Called with ETA (local or telestroke) _____
(time)

Lab called with ETA(extension 6056) _____
(time)

CT called with ETA _____
Day 0700-1700 extension # 1687: CT tech
Evening 1700-2315 extension # 6629: Rad tech
Night 2315-0700 pager # 220: Rad tech
(time)

*Note: If CTA is needed between 1700-0700 physician or neurologist must have discussion with radiologist on call in order to have the CT tech on call come in to complete test. Radiology tech can only complete dry CT. CT tech coverage until 2315 tentatively begins September 11, 2015.

Person completing Notification Form: _____
(last name, first name and initials)

Roles and Responsibilities

ED Physician

- Team leader until safe handover to Neurologist including consideration of STARS early activation

Neurology

- Local – assumes overall control of care
- Calgary Stroke team – assessment via Telestroke, determines disposition, transfers care to local if not transported

Radiologist

- Interprets CT/CTA
- Timely communication with team leader to expedite care

Stroke Alert

Roles and Responsibilities

Nursing

- Timely assessment using Acute Stroke/TIA Management forms
- Provides patient monitoring and care until all interventions are completed in ED

Alberta Health Services
Emergency Department
ACUTE STROKE / TIA
MANAGEMENT

SITE _____ DATE (dd/mm/yyyy) _____ TIME (06:00) _____

History
Time Last Seen Normal: _____ OR
Time of Symptom Onset: _____
Pertinent Medical History: _____

VS
BP _____ TEMP _____ PULSE _____ RESP _____ O2 Sat _____ Urine Dip _____ BGM _____

GCS
Best eye opening _____
Best verbal response _____
Best motor response _____
TOTAL (in red) _____

Motor Power
5 Normal
4 Mild weakness
3 Weakness, but can overcome gravity
2 Movement, cannot overcome gravity
1 Flicker of muscle
0 Absent

Sensory Function
□ Normal
□ Abnormal

Orientation: □ person □ place □ time □ event
□ Slurred Speech □ Facial asymmetry
□ Spinal immobilization: □ c-collar □ head rolls □ spine board □ straps □ Abnormal gait □ Photophobia

Additional findings: _____

RESP
Airway □ Patent □ Compromised: _____ □ Airway adjunct: _____ □ CPAP: size # _____ □ ETT: size # _____
Breathing □ Spontaneous □ Assisted □ Regular □ Laboured □ chest wall asymmetry
Breath Sounds □ Clear □ Adventitious sounds: _____ □ Decreased A/E: _____ □ Good A/E throughout
□ Subcutaneous emphysema: _____ □ Cough: _____ □ Duration: _____ □ Productive: _____ □ O₂ @ _____ l/min via _____

Additional findings: _____

CVS
Pulses □ Regular & Irregular □ Central: Quality _____ □ Peripheral: Quality _____ □ Cap refill more than 2 sec: _____ Site _____
Skin Color □ Pink □ Pale □ Cyanotic □ Other: _____
Skin Condition □ Warm □ Cool □ Hot □ Dry □ Daphnetic
□ Peripheral edema: _____ □ Cardiac monitor: rhythm _____ Lead: _____ □ 12 lead ECG @ _____ □ 15 lead ECG @ _____

Additional findings: _____

GI
Abdomen □ Soft □ Distended □ Firm □ Guarding □ Nausea _____ □ Vomiting _____ □ Diarrhea _____
Bowel Sounds □ Present: _____ □ Decreased: _____ □ Hyperactive: _____ □ Absent: _____
Last BM: _____ Last ate: _____ □ Pain: _____

Additional findings: _____

GU
□ No difficulty voiding □ Frequency □ Urgency □ Retention □ Involuntary leak
LNMP if applicable: _____

Additional findings: _____

MS
□ Paresthesia □ Paralysis □ Pain □ Numbness □ Swelling
Explain: _____

INT
□ Abrasion □ Laceration □ Rash
Explain: _____

SIGNATURE _____ DATE (dd/mm/yyyy) _____ TIME (hh:mm) _____

FD-0218-1011

Roles and Responsibilities

Unit Clerk

- ❑ Activates Overhead page of Stroke Alert in ED including ETA
- ❑ Initiates calls to team members
- ❑ Coordinates communication between team members and sites

Lab Assistants

- ❑ STAT Lab draws, rapid transport to lab

CT/Rad Tech

- ❑ CT Tech coverage in house 7:00hr-23:00hr
- ❑ Rad Tech 23:00hr-07:00hr
- ❑ Extended hours CT Tech to 23:00hr began September 11, 2015

Work to Do

- ❑ Draft Guideline Developed

What's next?

- ❑ Education
- ❑ Messaging
- ❑ Feedback
- ❑ Partner involvement
 - ❑ EMS
 - ❑ Rural facilities

Summary

- ❑ Data demonstrates room for improvement
- ❑ Trauma and Cardiac Care guidelines offer valuable lessons and starting point
- ❑ Stroke Alert Guideline developed
- ❑ Messaging, Communication and Partner involvement are next steps