







☆ DTN ☆
30

NPO

(nothing by mouth)

until assessed by the swallowing team

For patient safety PLEASE no oral meds, ice chips, etc.

Code team assignment now includes a RN assigned to “stroke” to assist ER nurse

Acute Care – NIGHTS Daily Worksheet

☐ Check off if charge is assigned Date: _____

EAST WING	WEST WING
1) RN (SCU) _____	1) RN (Mat) _____
1) RN _____	1) RN _____
LPN _____	LPN _____
LPN _____	E (8) _____
LPN _____	

EMERGENCY	CODE TEAM
RN _____	Meds/Stroke _____ Document _____
RN 1900 – 2315 _____	Cardiac _____ Airway _____

NIGHTLY DUTIES (Charge Nurse to Assign - check off once completed)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Clean Stand Lifts	<input type="checkbox"/> Clean Hoyer Lifts	<input type="checkbox"/> Clean Bladder Scanner	<input type="checkbox"/> Clean B.P. machines etc.	<input type="checkbox"/> Clean Commodes	<input type="checkbox"/> Clean Gerchals	<input type="checkbox"/> Clean Wheelchairs
<input type="checkbox"/> Clean Medication Carts	<input type="checkbox"/> Check IV lines	<input type="checkbox"/> Clean Fetal Monitors	<input type="checkbox"/> Checkslings for wear & fray. etc.	<input type="checkbox"/> Check IV lines	<input type="checkbox"/> Clean IV poles	<input type="checkbox"/> Clean IV trays
<input type="checkbox"/> Clean Tub Thermometers	<input type="checkbox"/> Clean Tub Thermometer	<input type="checkbox"/> Clean Tub Thermometers	<input type="checkbox"/> Clean Tub Thermometers	<input type="checkbox"/> Clean Tub Thermometers	<input type="checkbox"/> Clean Tub Thermometers	<input type="checkbox"/> Clean Tub Thermometer
<input type="checkbox"/> Crash Carts Checks	<input type="checkbox"/> Crash Carts Checks	<input type="checkbox"/> Crash Carts Checks	<input type="checkbox"/> Crash Carts Checks	<input type="checkbox"/> Crash Carts Checks	<input type="checkbox"/> Crash Carts Checks	<input type="checkbox"/> Crash Carts Checks
<input type="checkbox"/> Chart Checks	<input type="checkbox"/> Chart Checks	<input type="checkbox"/> Chart Checks	<input type="checkbox"/> Chart Checks	<input type="checkbox"/> Chart Checks	<input type="checkbox"/> Chart Checks	<input type="checkbox"/> Chart Checks
<input type="checkbox"/> Clean Glucometers	<input type="checkbox"/> Clean Glucometers	<input type="checkbox"/> Clean Glucometers	<input type="checkbox"/> Clean Glucometers	<input type="checkbox"/> Clean Glucometers	<input type="checkbox"/> Clean Glucometers	<input type="checkbox"/> Clean Glucometers

Acute Care – DAYS Daily Worksheet

☐ Check off if charge is assigned Date: _____

EAST WING - Kathy Baker _____	WEST WING - Liz Falls _____
U/C - Days _____ Evening _____	U/C - Days _____
1) RN (SCU) _____	1) RN (Mat) _____
1) RN _____	1) RN _____
LPN _____	LPN _____
LPN _____	HCA (8) _____
LPN _____	D (8) _____
HCA (8) _____	E (8) _____
_____	_____
_____	_____

EMERGENCY
UNIT CLERK - Days _____ Evenings _____
RN - Days _____ Evenings _____

CODE TEAM
Meds/Stroke _____ Document _____
Cardiac _____ Airway _____



Unit Clerk Acute Stroke Checklist

(Note: delegate/share duties as necessary with nursing staff)

Pre Patient Arrival

- Notify ER nurse, RN assigned to meds/stroke on day sheet, Physician, DI (CT on call if after hours) & lab of possible tPA patient
- Pull suspected stroke package. Begin filling out *Stroke Process Evaluation Form* (last page of package), documenting times
- Obtain patient demographics, history and medication list. Provide to ER Physician so he/she can begin filling out tPA eligibility form (part of stroke pkg.)
- Call sending facility/EMS as required to obtain above information along with ETA if they have not already contacted us
- Create an *Ambulatory Record* for patient. DO NOT SAVE/PRINT – “shrink” and open new Meditech window to continue using Meditech for other patients
- Deliver completed CT requisition to DI staff (hand write name, ULI, etc.)
- Ensure that Trauma 3 is available for use with an IV pump at bedside
- Check telestroke equipment by wiggling the remote. The yellow “codex light” (bottom right) should turn blue and “Acute Stroke Room/Place a Call” should show up on screen. Troubleshoot as necessary using guidelines on cart.

Patient Arrival

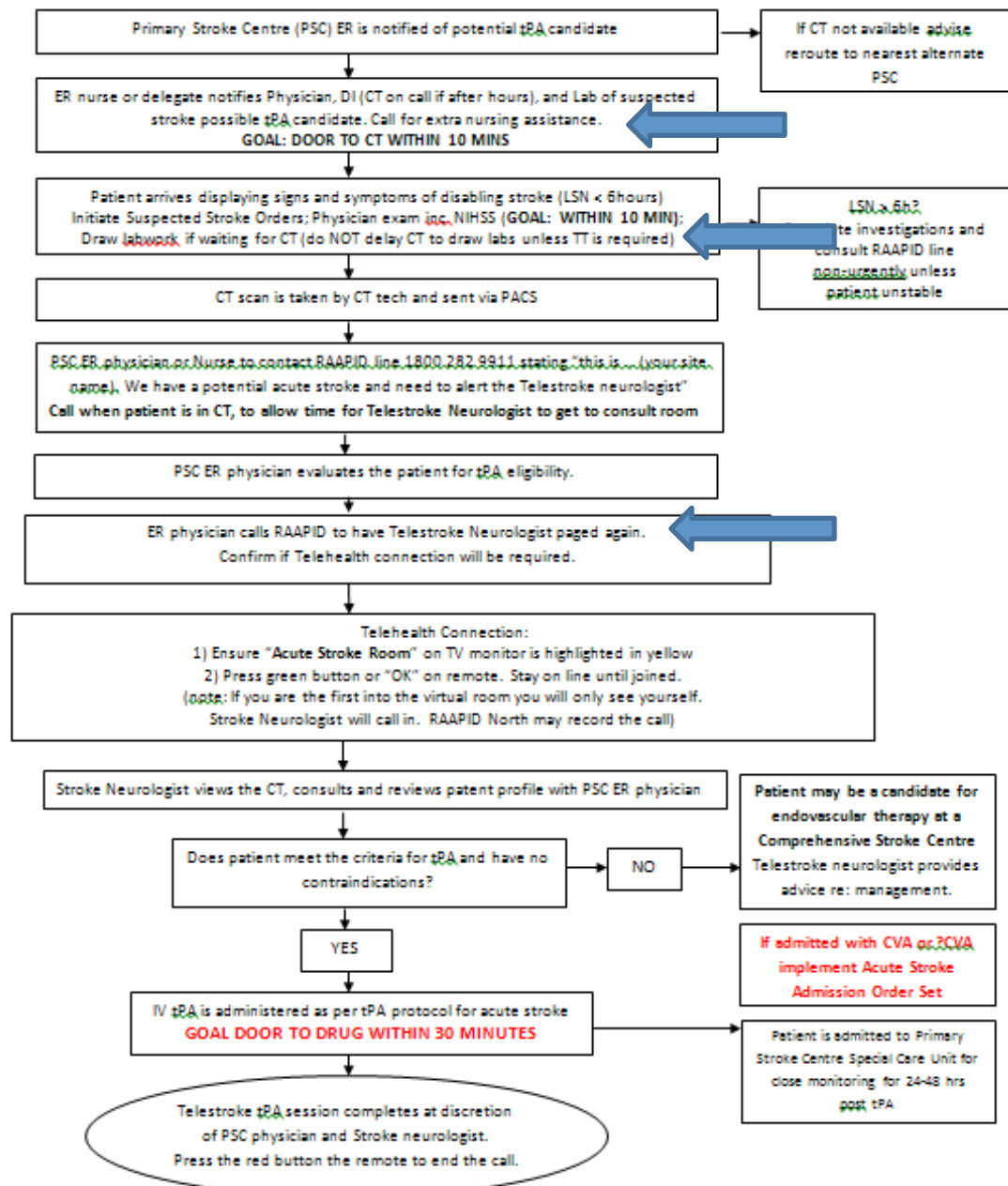
- Notify all required medical personnel (as above) when ambulance pulls into bay
- Ask EMS if patient is stable; if yes, direct them to CT hallway to await scan
- Enter time of arrival onto *Ambulatory Record* and print
- Enter “Stroke Panel” on Meditech. Add a “Thrombin Time” if patient is on Dabigatran (Pradaxa)
- Deliver labs (if drawn by nursing staff) to be processed as “SUPER STAT”
- Ensure that Nurse/Physician alerts RAAPID while patient is in CT
- Follow *Stroke Paperwork Process Algorithm* (posted on cart near stroke charts) based on patient diagnosis post CT

Post Admission

- Fax SPC referral to UofA or GNH
- Ensure that Stroke/TIA admission binders are used (even for “query” stroke/TIA)
- If tPA, add a tPA care plan (in the stroke box on East or the forms room)
- Forward completed *Stroke Process Evaluation Form* to Stroke Services Coordinator

Note: If patient gets admitted without a Stroke/TIA binder add a Stroke/TIA admission package (located in stroke box on East). Charge RN or Stroke Services Coordinator will ensure that orders get signed ASAP.

TELESTROKE tPA PROCESS FLOW
PRIMARY STROKE CENTRE/NORTH ZONE November 12, 2015



STROKE PROCESS REVIEW

Patient Label

Date: _____

Time of ER notification: _____

Actual Time of Patient Arrival: _____

Patient arrived from: ☐ Home ☐ Other facility ☐ Inpatient unit

Process	N/A	Yes	No	Comments/Time
ETA and updated status provided by EMS				
IV's x2 in situ by EMS				
Pre notification and history provided by sending facility prior to patient arrival?				
Patient remained on EMS stretcher until CT available				
Door to CT time (goal: <10 min)				
Time labs ordered, drawn & received				
Labs drawn pre CT? (especially important if patient is on anticoagulants)				
Pre alert to RAAPID while patient in CT				
Extra nursing assistance called				
Extra nursing assistance provided				
EMS assisted in patient transfer post CT				
Time of physician assessment (goal: <10 min)				
Time Stroke Neuro paged post CT				
Time Stroke Neuro called back				
Foley Inserted? (not necessary prior to tPA unless HTN)				
Telehealth link established w/o problems				
Door to tPA time (goal: <30 min)				
CTA done in ER (if so, what time)				
Door in Door Out (DIDO) time if patient is sent to Edmonton				
<p>Other delays in process? Comments? Use back of paper.</p> <p>Please forward completed form to Stroke Services Coordinator.</p> <p>Thank you for helping us to improve our stroke process.</p>				

The
Stroke Team
has
amazing
Good News!

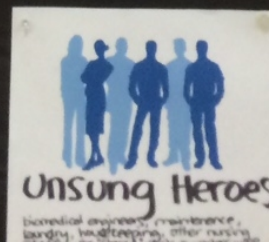
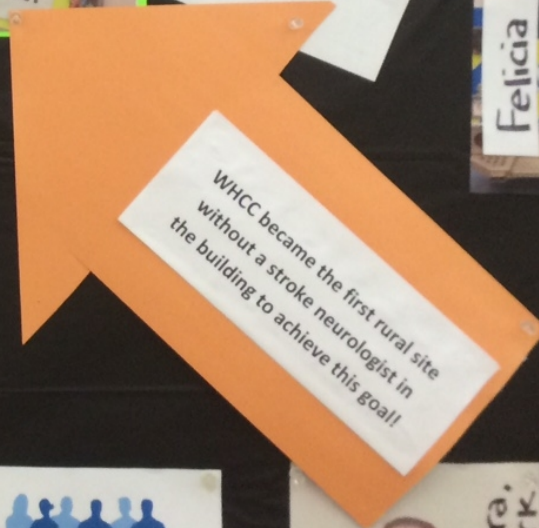
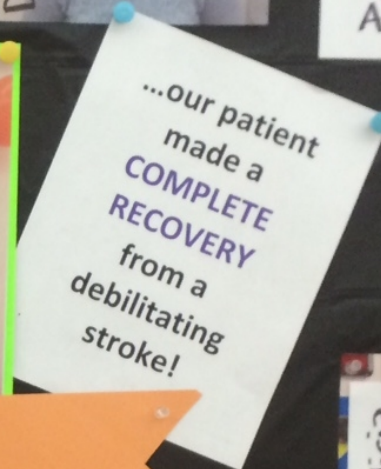
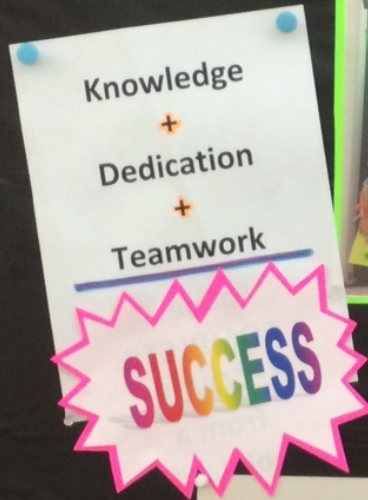
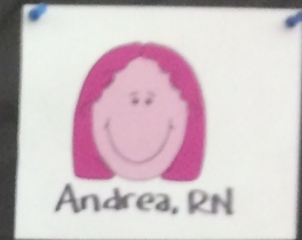
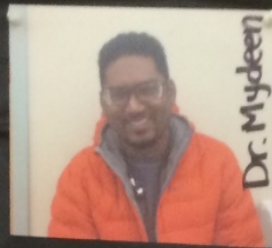
Door to Needle

DTN

tPA

in **30**
minutes

We did it!



A person with long, wet, blonde hair is seen from behind, crouching in the ocean at night. They are holding a large, vintage-style globe with both hands, resting it on their feet. The globe shows the Americas. The background is dark with out-of-focus lights, and the water is rippling around the person's feet.

We Are All In This Together