Code Stroke: Identification of Inpatient Brain Attack

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Objectives

1. Understand the need to have a process for the in hospital Brain Attack patient

2. Discuss barriers to protocols and steps to overcome barriers

3. Describe Code Stroke Drill and Feedback process

4. Explain the new National Consortium of Stroke Coordinators (NCSC) group.
Stroke Sense

• The stroke center participates in StrokeSense, a national VHA initiative focused on increasing community awareness of stroke. The program includes outcomes benchmarking of mortality rates and clinical performance measures.
Data Collection

- The stroke center is a “Get With The Guidelines” facility, working cooperatively with the American Heart Association to treat and improve stroke care at FMC.
Meeting JCAHO requirements for Access to care

- The Program evaluates services provided through contractual arrangement to ensure that the scope and level of care, treatment, and services are **consistently provided**.
- Documented policies, processes, and procedures support the care, treatment and services provided.

Disease Specific Care Certification Manual 2nd Edition 2005
Standard PR.3, pg 46, 47
Realizing the gap

- Plan in place for patients presenting to the Emergency Department with stroke symptoms
- No plan available for the inpatient population
- Nurses need a clear plan and protocol in place to give proper and timely care
Meeting of the Minds

meeting of the minds
Courtesy Of Goddesses Get Down
Meeting of the Minds

- Neurologist
- Stroke Coordinator
- CT Director
- Lab Director
- Nursing House Supervisor
Meeting of the Minds

- Assess the situation
- Anticipate barriers
- Collaborate
- Plan
- Write the protocol
- Get approval:
  - Clinical Practice Council
  - Medical Executive Committee
Meeting of the Minds

Assessment:

– Patients weren't receiving the same level of care consistently
– No systematic approach for inpatients
– Not educated on new trends
– Nurses and physicians still in old paradigm “wait, observe, get some rehab”
– Missed opportunities
Plan

– Write a protocol: Code Stroke: Identification of Inpatient Brain Attack

– Educate ALL nurses and ancillary staff to:
  • Recognize stroke symptoms
  • Respond appropriately and timely (i.e. stat head CT, stat labs) and notify the Stroke Team
Meeting of the Minds

Implement education plan and roll out

• Coordinator to present new protocol to Staff Development Clinicians

• Staff Development Clinicians to disseminate to staff
Meeting of the Minds

Evaluate

- Code Stroke drills
- All medical/surgical units throughout the hospital
- After ample time for education
STROKE?????

1. Sudden **numbness** or weakness in the face, arms or legs, particularly on one side of the body.
2. Sudden onset of **confusion**: difficulty speaking or understanding what others are saying.
3. Sudden Vision problems like **blindness** in one or both eyes.
4. Sudden onset of **dizziness**: difficulty walking, loss of balance or coordination.
5. Sudden **severe headache** that does not have an obvious or known cause.

ACTION!!!!!

1. After ABC’s, notify attending physician
2. Call: **Stroke Pager #750-3541**
3. Prepare for STAT Head CT
4. Do NIHSS and record score
5. Make a difference in your patient’s life!

6-2004
Barriers

#1. “We can’t do this without a physician’s order.”

Nurse has no autonomy to provide appropriate assessment/treatment for an acute stroke patient
1. Notify the attending physician. Obtain orders for:

2. STAT Head CT for “stroke” without contrast

3. STAT Labs: CBC, BMP, PT, PTT

4. Call stroke pager
How Do We Educate the Staff?

- Goals of education:
  - Recognize symptoms of acute stroke.
  - Initiate emergency procedures.
  - Identify resources within the multi-disciplinary team.
  - Become familiar with policy guidelines for treatment of acute stroke.
Educational Methods

- Stroke Education Flyers posted at each station
- “Potty Trainings”
- Self Learning Activity on Code Stroke
- Education fairs
- Neuro Bowl
- Staff Development Clinicians reinforcing on units/staff meetings
Neuro Bowl
Fun
#2. One day the Stroke team was called for a Code Stroke…….. the patient was in CT…

- We arrived in CT to find the patient in the hallway ALONE.
- Patient was aphasic with a dense right hemiplegia
- No monitor, no nurse
- This was not a good scene!
GI nurse…
- Recognized stroke symptoms in her patient
- Initiated Code Stroke
- Called the attending immediately
- Attending physician said to get a CT scan....
- “in the morning”
What??
Barrier #4

- A med/surg nurse...
  - Recognized stroke symptoms
  - Initiated Code Stroke
  - Was told by the attending physician...

“Do not call the Stroke Team”
What???

- Isn’t stroke an **EMERGENCY??**

- Don’t **ALL** patients deserve equal access to the stroke program protocols??

- Shouldn’t we **CONSIDER** this patient for **t-PA**??

Yes, Yes and **YES**!
Back to the Drawing Board
Another
Meeting of the Minds

meeting of the minds
Courtesy Of Goddesses Get Down
Another Meeting of the Minds

- Neurologist
- Stroke Coordinator
- CT Director
- Lab Director
- Nursing House Supervisor

- Assess the situation
- Overcome barriers
- Collaborate
- Plan more education
- Re-write the protocol
- Get approval:
  - Clinical Practice Council
  - Medical Executive Committee
Compare Code Stroke to Code Blue?!?

- Consider the steps you would take if you found a patient in cardiac/pulmonary arrest (Code Blue).
- You would follow predetermined steps. ACLS guidelines
  - Open airway
  - Call for help
  - Check for pulse
  - Begin CPR
In Code Blue…

• You would **NOT** leave the patient in arrest to go notify the attending and obtain an order to start CPR?!?!
As in Code Blue

• Thus it is with Code Stroke. There are emergency steps to be taken before notifying the attending physician.
Now you’re talkin’
STROKE????
- Sudden numbness or weakness in the face, arms or legs, particularly on one side of the body.
- Sudden onset of confusion: difficulty speaking or understanding what others are saying.
- Sudden Vision problems like blindness in one or both eyes.
- Sudden onset of dizziness: difficulty walking, loss of balance or coordination.
- Sudden severe headache that does not have an obvious or known cause.

ACTION!!!!!
- ABC’s……… and stat bedside finger stick glucose.
- Call: Stroke Pager #750-3541 to notify Stroke Team
- Put request in SMS for: STAT head CT without contrast-reason “Stroke” and describe symptoms
- STAT Labs: CBC, BMP, PT, PTT, signify “Stroke” in comments section in SMS.
- Call Lab 82902 Phlebotomist to meet pt in CT scanner. - Remember to call CT-85524
- Call: Nursing House Supervisor / Send Pt on a monitor, with a nurse
- Obtain a STAT head CT
- Do NIHSS and record score.
- Call and notify Attending Physician.
- Revised 6-13-2005
Code Stroke (Acute) Emergency Protocol Orders
Revised Policy/Procedure - Code Stroke

1. Obtain stat bedside finger stick glucose.
2. Call the Stroke Pager at 750-3541. This will notify the Stroke Team.
3. Enter orders per protocol:
   - STAT head CT without contrast-reason: “stroke” and describe the symptoms
   - Labs: CBC, BMP, PT, PTT
Note: Call CT

Radiology will help facilitate getting a stretcher to the patient’s room, and assist with transport, even after hours.
Revised Policy/Procedure - continued

Note: Call Lab
Phlebotomist will meet patient in the CT scanner.
0700-1700 in Main department CT.
1700-0700 in ED CT scanner.
4. **Call the Nursing Supervisor.** The role of the Nursing Supervisor will be to:

   – Facilitate resources to the primary nurse.
   – Assure a nurse remains with the patient.
   – Assure appropriate personnel do the NIHSS
   – Facilitate bed availability for the patient if change is required.
Policy/Procedure - continued

• Last, but not least…

• 5. Notify attending physician
Policy/Procedure - continued

- The National Institute of Health Stroke Scale, NIHSS will be completed by trained clinicians and the score recorded in the patient’s medical record.

- Resources are 7th Neuro unit, Neuro ICU or Nursing Resource Team.
Code Stroke

Know your Resources

Stroke Team-

• Committed to respond and arrive at the bedside within 30 minutes of a page.

• Established code 22 for use in a Code Stroke.

• The nurse may pick up the phone and dial our emergency #22, say “I have a code stroke” and the FMC hospital emergency operator will know to page the stroke team.
Forsyth Stroke Team
Know your Resources

- Radiology CT
- CT department knows that stroke is an emergency
- Policy that allows rapid diagnostics for “stroke”
- They will actually remove a current patient from the table to scan a stroke patient.
- Once you call, they will send a tech with a stretcher to help transport patient to CT.
Know your Resources

- Lab-
  - The lab department will facilitate a phlebotomist to meet the stroke patient in the CT scanner to draw blood for stat labs.
- Predetermined and in policy
Know your Resources

• Nursing House Supervisor
  – Supervisor will help facilitate resources to the primary nurse
  – Assure that the stroke patient is transported according to protocol
  – Facilitate bed availability Neuro ICU or TICU, if a change is required.
Code Stroke Resources

• NIHSS Trained Clinicians
  – We have specially trained nurses in the hospital that will respond to the bedside to help with assessment and obtaining an NIHSS (National Institutes of Health Stroke Scale) score. You may call for resources from 7th Neuro Unit, Neuro ICU or Nursing Resource Team.
Code Stoke
Emergency Protocol & Orders

- Protocol Order set
- Inclusion/Exclusion Criteria Form for tPA consideration
- Laminated Stroke Instruction Flyer

Each placed on every code cart in the hospital.
All forms readily available on our FMC intranet.
Code Stroke Drills

• Practice is good for any new skill
• Code stroke drills are held unannounced, periodically on different units throughout the hospital.
• Immediate feedback is given verbally and in written form.
• A log of performance times is kept.
Overcoming Barriers

• With education, physicians and nurses are shifting their paradigms concerning stroke care

• Increasing knowledge base

• With a clear “plan in place” and written protocols, nurses are empowered with autonomy to provide appropriate care for every stroke patient in our system
Expanding and Improving

- We have taken Code Stroke education to our physician offices and outlying urgent care centers
In Conclusion

• Have a clear plan in place
• Anticipate barriers in the planning stage
• Education is key in shifting paradigms and forging change
• Practice and measure successes
Having a clear plan in place, and written protocols for nurses to utilize, decreases delays in timely acute stroke care and provides better outcomes for stroke patients.
Forsyth Interdisciplinary Stroke Team

Questions?
National Consortium of Stroke Coordinators (NCSC)

- **Established:** June 2006
- **Purpose:** To advance acute stroke management through the standardization of care
- **Mission Statement:**
  - Establish a network for mutual and professional support among Stroke Coordinators
  - Provide quarterly opportunities to share information and resources related to stroke program development and proficiency across the continuum of care
My email: lbstevens@novanthealth.org

NCSC website: www.strokecoordinators.com