

Mock Stroke Codes

**Question: Does anyone have an outline or template that they use to conduct mock stroke codes? We would like to incorporate mock stroke codes into this years education plans.**

I have done mock stroke codes with our family practice residents. I use a scenario, and then we discuss the process from ED or in-hospital and follow our algorithms for either the ED for In-hospital. We discuss signs and symptoms, timeframes, CT results, eligibility for tPA, NIHSS, and the process for if they are or are not a candidate for tPA. I plan on eventually doing a real mock stroke code with someone pretending they are an actual stroke patient to evaluate our process from all disciplines involved. I have attached a stroke scenario that I use for teaching Stroke in ACLS and use a scenario similar to this in the mock stroke codes.

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## Stroke Scenario for ACLS

A 65 y/o female admitted to the ED with Right sided weakness and slurred speech. Her symptoms started within the past 90 minutes (described as being normal 90 minutes ago).

What is the treatment for this suspected ischemic stroke patient? See algorithm on Stroke.

1. Key points for anyone that has a patient with suspected stroke:
  - **Act FAST**
  - **F** ace- Have pt smile and look for facial droop
  - **A** rm- Check for drift, have pt hold up both arms for 10 seconds and see if one arm drifts down.
  - **S** peech- Ask the patient, “you can’t teach an old dog new tricks”. Check for slurred speech (expressive aphasia-difficulty getting words out or receptive aphasia-difficulty with understanding you).
  - **T** ime- Time is brain. Every minute counts!
2. Obtain CT Scan without contrast within 25 minutes from triage and read within 45 minutes. CT must be cleared for a bleed. Fibrinolytics (tPA) are only indicated for Ischemic Stroke, not Hemorrhagic Stroke ( Intracerebral, subarachnoid hemorrhage) or TIA, because of the higher incidence of bleeding.
  - For patients to be eligible for fibrinolytic, the pt should have a clinical diagnosis of ischemic stroke with a measurable neurologic deficit.
3. Administer Antithrombotic within 48 hours (ASA, Plavix, or Aggrenox).y
4. 3 hour window from symptom onset for administering tPA.

