

**STROKE SPECIFIC ORIENTATION  
INITIAL ORIENTATION AND YEARLY CERTIFICATION  
Patient Care Tech**

Employee: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Department: \_\_\_\_\_

GENERAL	DATE & INITIAL WHEN COMPLETED	COMMENTS	PCT
A Location of latest evidence-based practice guidelines to improve patient care. – Up to Date (Located in Vista Net) – Stroke Guideline Binders (Nursing Unit) – Monthly Articles (nursing unit) – JC Standards Location of text staff resources (hospital library) Location of patient educational materials (Contact stroke coordinator:ex 4065/patients stroke education folder upon admission).	Monthly articles will be placed in breakroom-initial sign in sheet Will have PCT relevant info regarding care of stroke pt.  I will give pt folder with stroke info during hospitalization		PCT
B. Signs and symptoms of CVA <ul style="list-style-type: none"> <li>• alert to last time patient known to be normal</li> <li>• Using Cincinnati Stroke Scale</li> </ul> C. Apply evidence-based guidelines for all stages of stroke care.	FAST  Through education and articles.		PCT
D.. i) Activation of in-hospital/ED acute stroke team  (1) In-Patient (a) Stroke Alert Protocol (i) Identification of acute stroke alert team members (ii) Rapid notification process via operator (3111) (iii) Roles & responsibilities of acute stroke response team (2) Out-Patient (a) Stroke alert activated same as inpatient but transfer to ER for workup.	ER and Inpatient Protocols  Outpt stroke alerts will be responded to by stroke team, and transported to ED for evaluation.  *ED physician-responds and initiates initial CVA order set *ICU nurses stabilize pt and transport to CT scan then ICU. *PCTs: <b>accucheck, EKG,</b> *Primary RN notify MD <b>prepare for transport</b> *Lab: stroke panel-results within 45 mins		PCT

		*CT-clears table-CT within 20mins of pt presentation of symptoms. CT read within 45 mins.			
	a) Confidentiality & security of patient information			ALL	