

STROKE SPECIFIC ORIENTATION I

Employee: _____ Start Date: _____
 Position: _____ Department: _____

	GENERAL	DATE & INITIAL WHEN COMPLETED	COMMENTS	RN
A	Location of latest evidence-based practice guidelines to improve patient care. <ul style="list-style-type: none"> – 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).			RN
B	Apply evidence-based guidelines for all stages of stroke care.			RN
	l) Acute stroke management & patient/family education			RN
	a) Pathophysiology of stroke Ischemic <ul style="list-style-type: none"> (1) Embolic (2) Thrombotic ii. Hemorrhagic Stroke <ul style="list-style-type: none"> (1) Intracerebral (2) Sub-arachnoid 			RN
	b) Assessment of stroke <ul style="list-style-type: none"> i) Neuro focal deficit identification <ul style="list-style-type: none"> (1) Onset of symptom determination (2) NIHSS <ul style="list-style-type: none"> (a) Initial Certification (b) Recert Q 2yrs (3) Neurological Assessment 			RN
	c) Rapid Diagnosis <ul style="list-style-type: none"> i) Activation of in-hospital acute stroke team <ul style="list-style-type: none"> (1) In-Patient <ul style="list-style-type: none"> (a) Stroke Alert Protocol <ul style="list-style-type: none"> (i) Identification of acute stroke alert team members (ii) Rapid notification process via operator (iii) Roles & responsibilities of 			

	<p>acute stroke response team</p> <p>(iv) Time parameter requirements</p> <p>(v) Rationale behind acute reperfusion strategies</p> <p>1. t-PA policy</p> <ul style="list-style-type: none"> • Indications & contraindications of t-PA • Risks & benefits • Role of pharmacy • Administration of tpa • Symptoms of neurological deterioration <p>(2) Out-Patient</p> <p>(a) Stroke alert activated same as inpatient but transfer to ER for workup.</p> <p>(3) Diagnostics</p> <p>(a) Labs (CBC, CMP, INR, PTT, Cardiac Enzymes, Lipids, A1C, Homocysteine, Hypercoagability panel)</p> <p>(b) CT</p> <p>(c) CTA</p> <p>(d) MRI</p> <p>(e) MRA</p> <p>(f) Echo/TEE</p> <p>(g) Carotid Ultrasound</p> <p>(h) EKG</p>				
	II) Prevention of complications-management & patient/family education				RN
	a) DVT prophylaxis (day 2 non-ambulatory patients)				RN
	<p>i) SCD's</p> <p>ii) Heparins, heparinoids, other anticoagulants (contraindications?)</p>				
	b) Dysphagia screening before po intake (aspiration pneumonia prevention)				RN
	<p>i) Dysphagia screening tool (on intial CVA order set)</p> <p>ii) TIA/Stroke admitting diagnosis triggers Dietary Consult and education.</p>				
	c) Blood pressure surveillance/management				RN
	<p>i) BP parameters</p> <p>(1) With non t-PA candidates</p> <p>(2) With t-PA candidates</p> <p>(3) Hemorrhagic stroke</p>				

	ii) Blood pressure management orders (initial, ischemic and hemorrhagic)			
	d) Blood sugar surveillance/management i) BS parameters ii) BS management orders (order set)			RN
	e) Temperature surveillance/management i) Temperature parameters ii) Temperature management orders (order set)			RN
	f) Recognition, assessment, & management of other potential complications of stroke i) UTI's-discontinue use of Foleys as soon as possible ii) Urinary (1) incontinence (2) urinary retention (3) spastic bladder (4) toileting schedule iii) Bowel (1) incontinence (2) bowel program iv) Skin breakdown (1) incontinence care (2) positioning (3) cushioning v) Seizure precautions vi) Depression vii) Immobility (1) contractions (2) shoulder subluxation (3) positioning (4) PROM/AROM viii) Falls (1) fall precaution identification (2) fall precaution program (3) right hemisphere stroke precautions ix) Pain management			ALL
	III) Secondary prevention-management & patient/family education			RN Stroke Coordinator
	a) Identification & education of stroke risk factors at the individual level i) Modifiable Risk Factors (1) Hypertension-(Know their BP) (a) Normal 120/80 (b) Pre-hypertension up to 139/89 (c) Hypertension 140/90 or higher (d) Control through diet, regular exercise, medication, & regular BP checks (2) Dyslipidemia-(Know their cholesterol numbers)		Included in patient stroke education folder provided by stroke coordinator.	RN Dietician Stroke Coordinator

	<ul style="list-style-type: none"> (a) Normal-combined HDL & LDL below 200 (b) Control through diet, regular exercise, & medication (3) Diabetes-(Know their blood sugar level) <ul style="list-style-type: none"> (a) Control through diet, regular exercise, medicine (4) Atrial fib/flutter <ul style="list-style-type: none"> (a) Telemetry skills (b) Indications for anti-coagulation therapy <ul style="list-style-type: none"> (i) Coumadin (ii) INR management (5) Coronary heart disease <ul style="list-style-type: none"> (a) Regular check ups (b) Medication (c) Occasional surgery is necessary (6) Carotid stenosis (7) Sleep apnea (8) Heart failure (9) Prosthetic heart valve ii) Lifestyle Modification Interventions iii) Patient education resources/materials 			
	IV) Rehabilitation			
	a) Rehabilitation screening/assessments (Included in order sets)			RN
	b) TIA/stroke admitting diagnosis triggers PT/OT screen (Included in order sets)			RN,

	V) Professional (Staff/EMS/Public education)			
	<ul style="list-style-type: none"> a) Professional Education <ul style="list-style-type: none"> i) Annual Recertification with Staff Education Department ii) Neuro Medical Unit (Stroke Unit) <ul style="list-style-type: none"> (1) NIHSS Certification (Annual) (2) Patient safety goals (Annual) (3) Stroke Education Plan-8 hours of mandatory stroke education incorporated into annual education plan ICU RN Staff iii) Available reference and resource materials for staff 			<p>ALL</p> <p>RN ALL</p> <p>ALL</p>
	b) EMS Education			Paramedics
	<ul style="list-style-type: none"> c) Public Education <ul style="list-style-type: none"> i) Stroke screening events ii) Public education events 			Stroke Coordinator RNs

	d) Staff participation in public/professional education			RN
	VI) Outcomes measurement through data management			Stroke Coordinator Quality
	a) Confidentiality & security of patient information			ALL
	b) JC indicators, acute stroke response teams, GWTG, other program quality indicators i) gathering of information about patient disease/condition ii) sharing of information (benchmarking) iii) analyzing data & utilizing data for continuous quality improvement processes			Stroke Program Participants RNs Nursing Supervisors