

Stroke Initiative: objectives and content:

Quick Tips updated after the Stroke Accreditation Survey

- **Joint Commission re-certification of the Comprehensive Stroke Center: April 2011**
- Current guidelines: **Intravenous tPA** within **4.5** hours onset of symptoms
Intra-arterial tPA within **6** hours onset of symptoms

GWUH protocols & Order Sets are on the Intranet gwstaff.com

Stroke Awareness

Door to monitor	immediate	Cardiac monitor, pulse ox, IV access, Full set VS
Door to lab draw	15 minutes	CBC, PT/PTT, INR, Creat CMP, Cardiac Enzymes
Door to Stroke Team Assessment	15 minutes	
Door to CT scan	25 minutes	
Door to CT completion / Results	45 minutes	
Door to Lab Results	45 minutes	
Door to tPA treatment	60 minutes	

Physician Stroke Order Set	Intranet: Physician Order Set	Stroke boarder patients: Labetolol 10 or 20mg IVP repeat x1 for BP > 180/110 or Nitropaste 1 -2 inches	ICU will continue using the ICU admission order set. Neurology will consult to add additional orders Add cholesterol level
NIH Stroke Scale	Forms on Demand Search:stroke	Neurology will perform the NIH Stroke Scale prior to, after, and 24 hr after administration of tPA	
tPA order set	Intranet: Physician Stroke Order Set	Must document WHY patient did <u>not</u> receive tPA	Reminder: No Antiplatelet or Anticoagulant therapy for 24hours including aspirin tPA MUST BE CHECKED BY 2 RN'S
tPA Contraindications:		tPA Contraindications:continued	
<ul style="list-style-type: none"> • Evidence or Hx of intracranial hemorrhage (CT) • Suspicion of subarachnoid hemorrhage (CT) • Active internal bleeding • Seizure at the onset of stroke • Uncontrolled Hypertension (despite treatment) • (Systolic > 185 mmHg or diastolic > 110mmHg) <p>History</p> <ul style="list-style-type: none"> • Recent (within 3 months) intracranial or intraspinal surgery, serious head trauma, or previous stroke • History of intracranial hemorrhage • Intracranial neoplasm, arteriovenous malformation, or aneurysm 		<p>Additional Contraindications between 3 – 4.5 hours</p> <ul style="list-style-type: none"> *> 80 y/o *Combined hx of diabetes & prior stroke *Current use of oral anticoagulants regardless of INR *NIHSS > 25 	<p>Current use of oral anticoagulants</p> <ul style="list-style-type: none"> • Coumadin • INR >1.7 • PT > 15 seconds • Platelet count < 100,000/mm³ • Heparin within 48 hours before the onset of stroke and have an elevated aPTT at presentation
tPA administration		tPA: 0.9 mg / kg (max 90 mg) 10% IV bolus over 1 minute Reconstitution & Dosing Aseptic Technique: See attachment for mixing	VS & Neuro checks Q 15 min during tPA Q 15 min x 8 after tPA (for 2 hours) Q 30 min x 12 (for 6hr) then q1hr. <i>If patient is transferred, confirm the frequency of VS</i> Any Change/ deterioration of LOC. STOP drip immediately, call MD, pack up for CT
Bed Side Swallow Study	Forms on Demand Search:swallow	Must be completed prior to <u>any</u> oral intake including p.o. meds HOB 90® Perform Tasks in Order Must be on chart even if they fail	Every stroke patient should have a swallow eval. RN performs bedside swallow study: Successful completion of the BSS still require MD order for diet
Education Packet: Ischemic Stroke	Packets at ICU Sec. Desk. File cabinet under pharmacy fax	<ul style="list-style-type: none"> • Education must be everyday / ongoing. • Assessment of their comprehension must be ongoing • We must prove the patient is INVOLVED in the plan of care • Document daily education interventions on the GREEN Education Documentation Form 	Give color packet to family or patient Title page lists the contents: sign & place in education section of patient chart Nurse & patient or family to sign they have received and reviewed the stroke education packets

**Quick tips for
Brain Attack
tPA**



1) Spike sterile water bottle with transfer devise



2) Invert powder tPA bottle to insert spike



3) Invert fluid bottle to pour gently into powder tPA bottle



4) Gently swirl bottle to reconstitute
Slight foaming is normal
Inspect for particles & discoloration prior to admin



Reconstituted tPA
100mg / 100mL
1 mg / 1 mL

This must be a documented weight, **No guessing.**

Dose 0.9 mg / kg (max 90mg) Calculate weight based dose	Example 80kg patient $80 \times 0.9 = 72 \text{ mg dose}$
100mg reconstituted bottle Remove & discard excess tPA	Remove & discard 28 mL Leaving 72 cc in bottle
1 st 10% is IVP bolus over 1 minute	7.2 cc IVP bolus
Infuse remainder of tPA over 60 minutes	64.8cc remaining to infuse on pump over 1hr

Discard tPA in BLUE bin