

Stroke Requirements

• Ischemic Stroke

- NIH Q shift and with handoff
- Care plan for ischemic stroke plan
- SCDs
- Swallow screen prior to PO intake. Meds ordered per tube if swallow screen failed and cortrak used.
- Education Q shift with patient specific risk factors (afib, smoker, HTN, etc)
- Ischemic order set must be used
- ASA ordered or contraindication documented
- Cholesterol medication ordered by discharge or contraindications documented
- Lipid panel and HgbA1C completed
- Stroke booklet given and documented

• TNK

- In addition to ischemic requirements: Neuro checks in post-thrombolytic flowsheet Q15min X 8 (two hours), Q30 min X 12 (6 hours), and Q1H X 16 hours. This flowsheet requires vital signs, pupil eval, headache check, angioedema eval, and Modified NIH per check for each required check.
- Full NIH per shift, with handoff, or with any change in status.
- 24-hour imaging required
- 24-hour NIH required

• Embolectomy

- In addition to ischemic requirements: Neuro checks in post thrombolytic flowsheet Q15 min X8 (two hours), Q30 min X 12 (6 hours), and Q1H X 16 hours. This flowsheet requires vital signs, pupil eval, groin site check, pulses distal from groin puncture for each required check.
- Full NIH per shift, with handoff, or with any change in status
- 24-hour imaging required
- 24-hour NIH required

• Hemorrhagic Stroke

- NIH Q shift and with handoff
- Care plan with Hemorrhagic stroke plan
- SCDs
- Swallow screen prior to PO intake. Meds ordered per tube if swallow screen failed and cortrak used.
- Hemorrhagic order set must be used
- Education Q shift including patient specific risk factors (HTN, smoking, etc)
- BP parameters ordered. Most common order is for SBP <140 but can be modified per patient specific needs.
- Stroke booklet given and documented

• Subarachnoid Hemorrhage (SAH)

- NIH Q shift and with handoff
- Care plan with Hemorrhagic stroke plan
- SCDs
- Swallow screen prior to PO intake. Meds ordered per tube if swallow screen failed and cortrak used
- Hemorrhagic order set must be used
- Education Q shift including patient specific risk factors (HTN, Smoking, etc)
- BP parameters ordered. Most common order is for SBP <160 but can be modified per patient specific needs
- Stroke booklet given and documented
- Nimotop (Nimodipine) ordered for prevention of vasospasm. 60mg Q4h PO. Can be given via tube. Liquid available in pharmacy. Order can be modified to 30mg Q2H if concerns for hypotension. Doses must not be omitted. MD must be notified if unable to give dose.
- Consult to CCP for discharge planning. Any patient requiring Nimotop on discharge needs CCP involvement. Nimotop ordered for a total of 21 days for SAH patient related to aneurysm rupture. Traumatic SAH do not require Nimotop. Check with your MD.
- Transcranial Doppler is likely needed daily. If not ordered, discuss with MD

• Subdural Hematoma

- These patients do not require NIH. Thorough neuro assessment per MD orders. Typically these patients are Q1H neuro checks on admission.
- These patients are not strokes and do not require stroke order set

- Common signs of decline in SDH is lethargy and worsening unilateral symptoms. Seizures are possible with SDH. Treatment ranges from watching patient, Burr holes, and craniotomy for hematoma removal.
- Notify MD with any neuro changes.

• Embolizations

- Embolizations and embolectomy are different procedures and treated differently from a nursing standpoint. Embolizations are not 1:1 and require standard neuro checks Q1H initially and per MD orders to follow. Embolectomy requires 1:1 nursing care for the first 8 hours post procedure.
- Embolization is a minimally-invasive procedure that stops blood flow in target areas. Examples of embolization (cutting off blood supply) include embolization of a tumor, embolization of an aneurysm (ex: coiling), embolization of a middle meningeal artery to prevent recurrent SDH, embolization of an arterial venous malformation, etc. Not all embolizations are strokes. Embolization of aneurysm can be performed on ruptured aneurysms and these patients are diagnosed and treated as hemorrhagic strokes (SAH). Embolizations of non- ruptured aneurysms are not strokes, but require thorough neuro assessments post-op. Embolizations of tumors, MMA, and other vascular abnormalities are not strokes.
- An embolectomy is a removal of an embolism which is blocking blood flow in a blood vessel. This acute stroke intervention is available if a large vessel occlusion is identified in the brain, and if a perfusion study indicates that there is salvageable tissue past the clot. In this endovascular procedure, a guidewire and stent retriever are inserted through a large vessel such as femoral artery. An angiogram is performed to identify a clot in a large vessel in the brain, and the stent retriever is deployed to capture the clot. The clot is then removed and reperfusion is achieved.
- Both embolization and embolectomy have accessed sheath sites that require frequent assessment. In embolization, sheath removal site intervals are ordered per MD. In embolectomy, the sheath removal site intervals follow the acute stroke intervals per protocol (q15 min X8, q30 X12, q1h X 16).