BAPTIST HEALTH POLICY AND PROCEDURE MANUAL No. 7.04.06		
Section: Patient Care	**Subject:** STROKE: ACUTE MANAGEMENT	
Original Date: November 2014	**Supersede:**	**Effective Date:** November 2015~~4~~
~~**Review Date:** November 2015~~**6**	**Scope:** Baptist Health (excludes WCH and Home Health)	
Approved: Diane Raines, DNP, RN, NEA, BC Senior Vice President, Chief Nursing Officer		

I. Policy:

Stroke patients will be managed according to current evidence based guidelines. "Code Stroke" will be activated according to the criteria below. Patients not meeting Code Stroke criteria will be managed accordingly.

II. Purpose:

To provide the appropriate level of care for all stroke patients including expedited care for those who are potential candidates for acute intervention.

III. Procedures:

A. Meets Code Stroke Criteria: Initiate ED Code Stroke Power Plan.

1. Any patient with new, ongoing neurological deficit less than 12 hours from onset (onset time is defined as either the witnessed onset of symptoms, or the time last known normal if symptom onset was not witnessed)

2. Any patient with crescendo or stuttering symptoms

3. Any patient with suspected posterior circulation occlusion (ie: locked in syndrome).

4. Any patient who wakes up with signs/symptoms of stroke

5. Symptoms include (but are not limited to):
   a. Lateralized Deficits
      - Hemibody weakness
      - Hemibody numbness
      - Hemi vision loss

   b. Bulbar ymptoms
      - Dysarthria
      - Dysphagia

   c. Vestibular/Cerebellar symptoms
      - Vertigo
      - Ataxia
      - Nystagmus

   d. Cortical Symptoms
      - Language deficits
      - Hemi neglect

   e. Sudden, unexplained change in mental status or level of alertness, with no apparent medical cause.
   f. Acute sudden onset of severe headache

6. Code stroke activation. The hospital operator will activate code stroke process based on site specific

procedures.

7. The Code Stroke patient will receive very high priority. Staff will expedite all care, diagnostics, and interventions, according to AMERICAN HEART ASSOCIATION (AHA) and The Joint Commission (TJC) guidelines.

8. The Code Stroke patient requiring surgical intervention should be transferred to Baptist Medical Center Jacksonville campus using the designated phone number for the call center (904-202-2724).

B. Code Stroke criteria above are not met: Initiate appropriate power plan

1. Any patient with acute neurological deficits persisting longer than 12 hours.

2. Any patient with transient ischemic attack (TIA) (i.e. resolved hemiparesis, aphasia, hemianopsia, monocular blindness, dysarthria, ataxia or any conclusive focal symptoms)

3. Any patient with acute neurological deficits in whom possible stroke or TIA is in the differential including vague symptoms such as visual changes, dizziness, loss of balance, acute confusion, syncope or near syncope, weakness, parasthesias, altered mental status, etc., especially in those with stroke risk factors.

C. If intracerebral hemorrhage (of any type) is identified on imaging: Consult placed to neurosurgery.

1. If indicated, patients at other facilities will utilize transfer service (202-BRAIN) to expedite the transfer of appropriate patients for further intensive workup and treatment.

D. All patients with focal neurologic deficits or TIA, regardless of time of onset, will undergo nursing swallow screen prior to any oral (PO) intake, including medications.

E. National Institute of Health Stroke Scale (NIHSS) and Modified Rankin Scale (mRS) will be performed and documented.

F. A Registered Nurse (RN) is the "first responder" with appropriate education and training for identifying and managing acute stroke patients.

1. These additional educational requirements include, but are not limited to:

a. Certification to perform the NIHSS
b. Competency to perform a bedside swallow screen.
c. Competency to mix and administer alteplase.
d. An initial 8 hours of education in stroke related and/or neuroscience topics
e. Yearly continuing education

2. ED nurses are trained as first responders.

3. Rapid response teams for inpatients will include a "first responder" who will assess the patient for stroke symptoms, activate the code stroke process and communicate with the appropriate physician. The nurse assigned to the patient will implement any orders received.

IV. REFERENCES:

Jauch E.C., et al (2013) Guidelines for the Early Management of Patients with Acute Ischemic Stroke: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association. Stroke 2013: Published online before print January 31, 2013, 10.1161/ATR.0b013e318284056a.

The Joint Commission (2014). Primary Stroke Center Certification Standards. Published online July 2, 2014, https://e-edition.jcrinc.com/Frame.aspx.