

SERVICE-AT-A-GLANCE

(MNH) Intensive Care Unit/Stepdown Unit

Location – Are you located on one floor or in several locations in the hospital?

• 4 ICU

Population – Describe in point form the characteristics of the patient population.

- Ischemic stroke (CVA: MCA/PCA/ACA)
- Hemorrhagic stroke (SAH, IVH, ICH)
- Aneurysm (clipping, coiling)
- TIA
- Post-op brain tumors
- Status epilepticus
- Neurology clientele
- Tracheostomy/ventilated patients with neurology/surgery condition

Age range

• Adults and Elderly. Young adults in rare cases

Impact of illness/injury

- Medical instability
- Lines, drains, trach/ventilators impacting function/mobility/independence

Medications: be aware of their indications as well as side effects affecting functions and precautions

- Propofol
- Anti-seizure medication

Role – Describe the role of your service in point form.

- Swallowing Ax
- Functional Ax when permits
- Cognitive appreciation
- Positioning
- Treatment plan (acute/chronic/end stage)
- Continuity of care (rehab/convalescence/homecare/community/LTC/palliative)

Team and Key Contacts– Indicate if you work in a multidisciplinary team; who are the key players, staff doctors, consulting CNS's and other specialists.

- Unit Coordinator: #1921
- Head Nurse: #5427 spectra: #36431
- Assistant Head Nurse: #09929 spectra: #37702
- Stroke Nurse: spectra #23670
- OT: stroke: pager: 514-406-0675 or non-stroke: 514-406-1397
- PT: pager: 514-406-4072
- SLP: pager: 38902 pager: 514-406-1757
- SW: all depending on diagnosis
- Dietician: pager: #36512

Rounds – List the day(s), hours and location(s) of the clinical rounds for your service.

• Monday to Friday at 8:15am in ICU Nursing station

Medical Assessments – Describe in point form the principle/**most frequent** risk factors that you assess specifically related to your patient population.

- CT
- CTA
- Angiogram
- MRI
- EEG

Assessments - Describe in point form the principle/**most frequent** forms that you complete specifically related to your patient population in addition to the psychosocial assessment.

- MoCA
- MMSE

Resources - Describe in point form the principle/**most frequent** hospital and community resources that you allocate specifically related to your patient population.

• Repatriation to referring hospital at times if stable

"Insider" Info – List any tips, cautions, fast-tracks, templates or lists that would help facilitate a quick-start for someone new to this service.

- Stroke collective orders (automatic consult in OT/PT/SLP/Dietician/SW)
 - For every stroke (ischemic and hemorrhagic: IVH, ICH, CVA, SAH grade 1, 2 and 3)
 - Exception for SDH, SAH grade 4 or 5 (need a consult)
- Bedrest few hours post angio
- NPO prior to CTA
- Drain to be clamped by RN prior to mobilization when EVD
- Always verify with RN if can mobilize
- Always check for AAT orders