



SERVICE-AT-A-GLANCE

(MNH) Stroke Unit

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

- 4 South

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

Age range

- Adults and Elderly. Young adults in rare cases

Impact of illness/injury

- Increased risk of depression
- Risk of vasospasm
- Bone flap removal
- Longer hospitalization for hemorrhagic strokes

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

- Antiplatelet Agents (Ex: aspirin, plavix)
- Antihypertensives (Ex : losartan, vasotec)
- Beta blockers (Ex : metoprolol, sotalol)
- Anticoagulant (Ex: heparin, coumadin)
- Vasodilators (Ex : nitro)
- Vasopressors (Ex: levophed, milrinone)
- Diuretics (Ex: Lasix)
- Antidepressant/Antipsychotic
- Antiepileptic

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

- Swallowing Ax within 24hrs post admission
- Functional Ax within 48hrs post admission
- Assistance with d/c planning as per the stroke pathway ([see online](#))
- Cognitive appreciation
- Driving screen
- 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: #1984 or #00410
- Head Nurse: # 00802
- Assistant Head Nurse: 4S spectra #23804 4NE #23802
- Stroke Nurse: spectra #23670

- OT: pager: 514-406-0675
- PT: pager: 514-406-4072
- SLP: pager: 38902 pager: 514-406-1757
- SW: #34417
- Dietician: pager: #36512

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

- Tuesday at 1:30pm

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

- CT
- CTA
- Angiogram

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
- Trail Making A & B

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

- Fast track rehab

“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)
- Swallowing screen to be done with every patient within the first 24h as per stroke best practice guidelines
- Bedrest few hours post angio
- NPO prior to CTA
- Drain to be clamped by RN prior to mobilization when EVD
- Need to make helmet for no bone flap