(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)
  o For every stroke (ischemic and hemorrhagic: IVH, ICH, CVA, SAH grade 1, 2 and 3)
  o 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