



Hamilton General Hospital
Direct Admission of Acute Stroke Patients Receiving TPA to Acute Stroke Unit
March 30, 2020

The Hamilton General Hospital admits acute stroke patients who receive TPA directly to the Acute Stroke from the Emergency. The Acute Stroke Unit does not have Telemetry or Level 2 Stepdown Unit capability. Approximately, 95% of patients who receive IV TPA are admitted directly to the Acute Stroke Unit

Protocol:

- Acute Stroke Patients who receive IV TPA are admitted directly to the Acute Stroke Unit from the Emergency Department once the patient's vital signs are Q1hr (3 hours after the administration of IV TPA).

Exceptions:

- If the patient has an uncontrolled arrhythmia or requires continuous cardiac monitoring for uncontrolled hypertension, or requires continued monitoring more frequently than q1h, these patients are admitted to the Medical Level 2 Stepdown Unit until no longer requiring Level 2 care.
- If the patient is hemodynamically unstable, requires inotropes to manage blood pressure or requires intubation, the patient is admitted to the Level 3 Intensive Care Unit.

Staffing Ratio:

- These patients are admitted to a Registered Nurse on the Acute Stroke Unit for the first 24 hours.
- Nursing Ratio for these patients is 1:4 on days and 1:5 on nights
- There are 26 Beds on the Stroke Unit and Nursing Staffing Model is:
- Days:

○ 1 – 12 Charge Nurse (No Assignment)	Nights:
○ 4 RN's	4 RN's
○ 3 RPN's	1 RPN
○ 1 Health Care Aide	

Monitoring Protocol:

- 24/7 Stroke Fellow/Neurology Residents are aware of new admissions and rounds on these patients overnight and on the weekends
- Post TPA Monitoring Protocol:
 - Vital signs and Neurological Monitoring Q15 minutes for 1 hour
 - Vital signs and Neurological Monitoring Q30 minutes X 2 hours
 - Vital signs and Neurological Monitoring Q1hour X 16 hours
 - Vital signs and Neurological Monitoring Q2hours X 24 hours if stable
 - Vital signs and Neurological Monitoring Q12 hours thereafter

Alteplase for Stroke Order Set:



Binder1_-_Thrombo
lytic_Therapy_with_T

Blood Pressure Management:

- In Emergency Department:
 - Labetalol IV push
- On the Acute Stroke Unit:
 - Enalapril IV 1.25 – 2.5 mg IV Q6hr prn
 - Hydralazine 10 – 20 mg IV Q 20 minutes until SBP is under target then Q2 – 4 hr prn for the first 24 hours

Orientation:

- Nursing staff receive in person education and training on Monitoring of clients post TPA administration including the ability to:
 - Identify and respond to angioedema
 - Monitor for bleeding at puncture sites, urine, stool and sputum and bleeding precautions for the first 24 hours post TPA
 - Monitor for Neurological deterioration using the Canadian Neurological Scale
 - Review the TPA Order Set