



Recommendations for Caring for Patients after Receiving TPA outside of an ICU

Created based on experiences from B4 Neurovascular Unit at
Sunnybrook Health Sciences Centre
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Background

- Patients who have received thrombolysis (tPA) for treatment for ischemic stroke are usually monitored in an intensive care setting for frequent and close monitoring as they are at risk for hemorrhaging, especially within the first 24 hours after receiving treatment
- At Sunnybrook, we successfully transitioned to a model of 3:1 nursing ratios after all nursing staff had completed a hyper-acute stroke treatment education program (7.5 hours in-class)



Recommendations from this experience

- Patients must be cared for in an area with high visibility if the nursing ratio is less than 3:1 (i.e. 4 person ward room with 1 nurse)
- All interprofessional staff, not only nursing, should receive basic stroke education to assess/look for signs & symptoms of stroke in attempt to discover stroke transformation as soon as possible



- Education for nursing staff should include the Canadian Neurological Scale - - ** pocket cards for easy reference as well as props for assessing aphasia are highly recommended (photos of key, pencil & watch)
- Interprofessional team education could incorporate FAST assessment and should include what action should be taken if signs & symptoms are present
- Fall risk prevention strategies should be implemented immediately to decrease risk of hemorrhage related to trauma



- Methods of communication with the stroke neurologist and radiology should be clear and as fast as possible i.e. Rapid response model
- Daily or twice daily huddles to check-in on staff comfort and discuss patients are highly effective in ensuring staff is aware of all patient conditions



If you have any questions regarding these recommendations, please contact:

Ashley Callahan
Advanced Practice Nurse
B4 Neurovascular Unit
Sunnybrook Health Sciences Centre
Ashley.callahan@sunnybrook.ca
416-902-6741