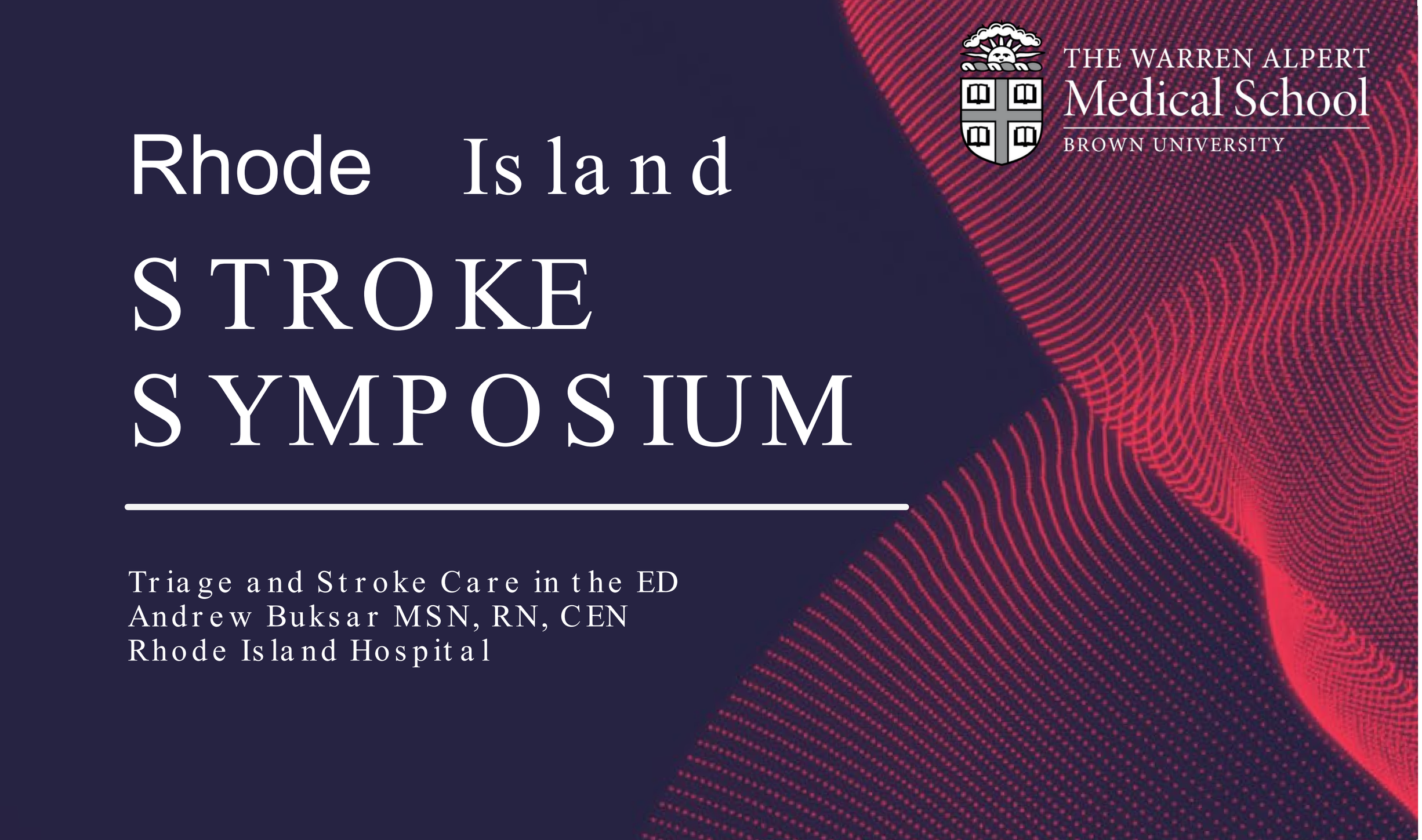


Rhode Island STROKE SYMPOSIUM

Triage and Stroke Care in the ED

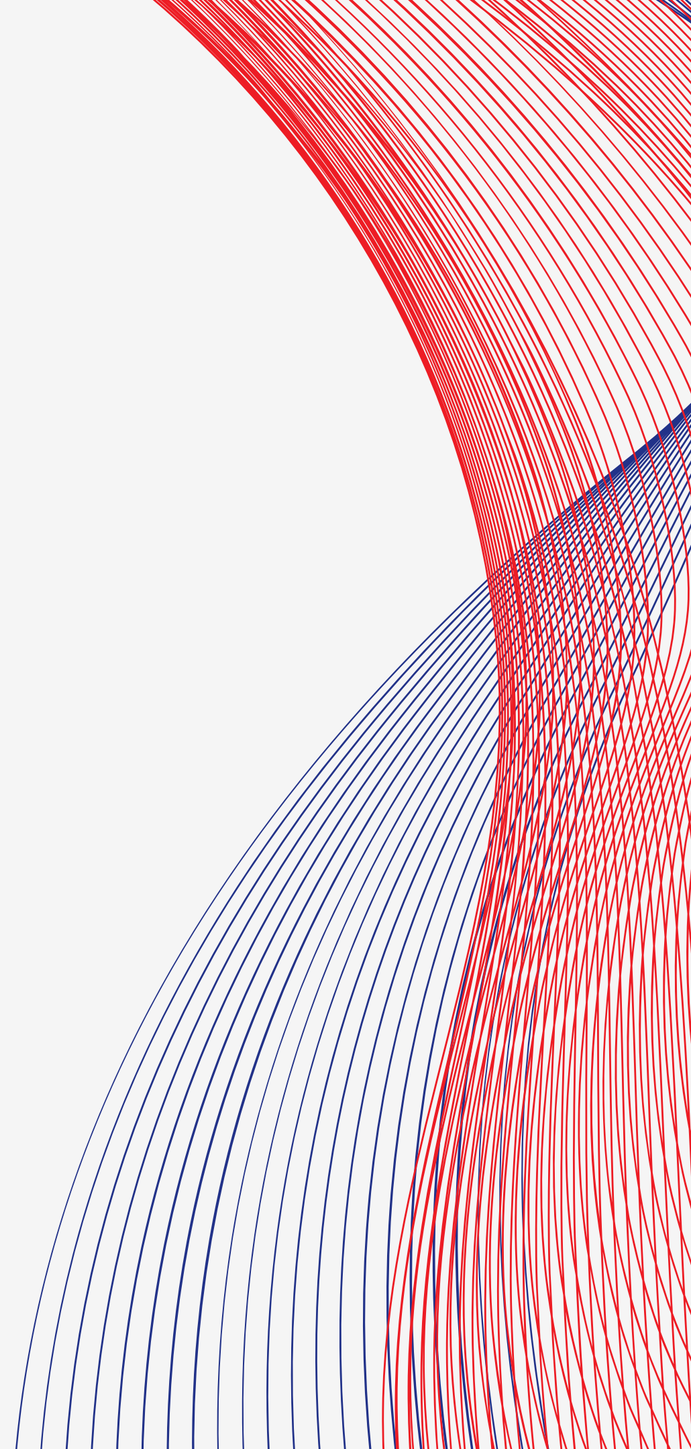
Andrew Buksar MSN, RN, CEN
Rhode Island Hospital

DISCLOSURE

- I have NO relevant financial relationships to disclose
- My talk will not include any off -label discussion

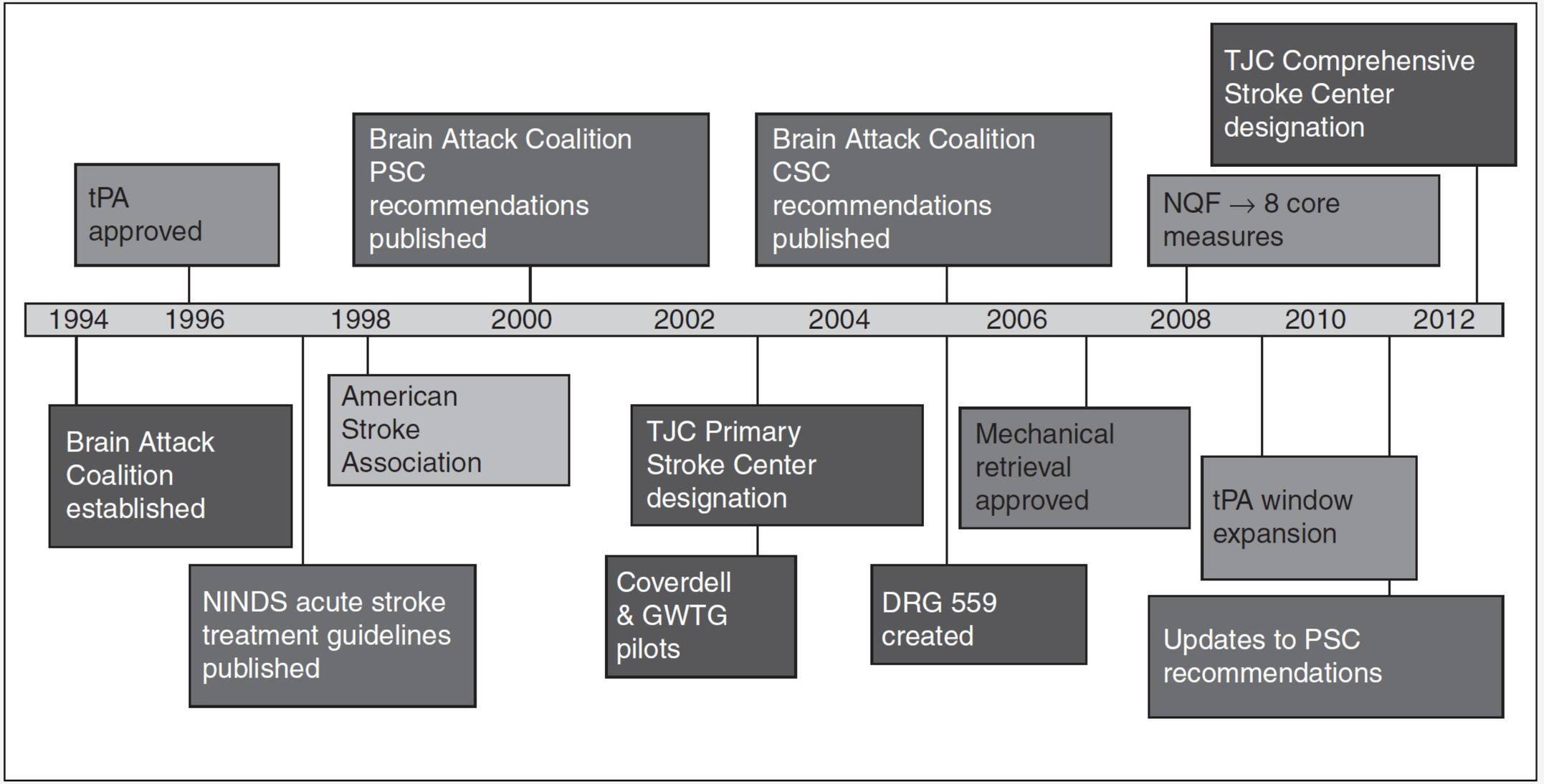
Triage and Stroke Care in the Emergency Department

Andrew Buksar MSN, RN, CEN



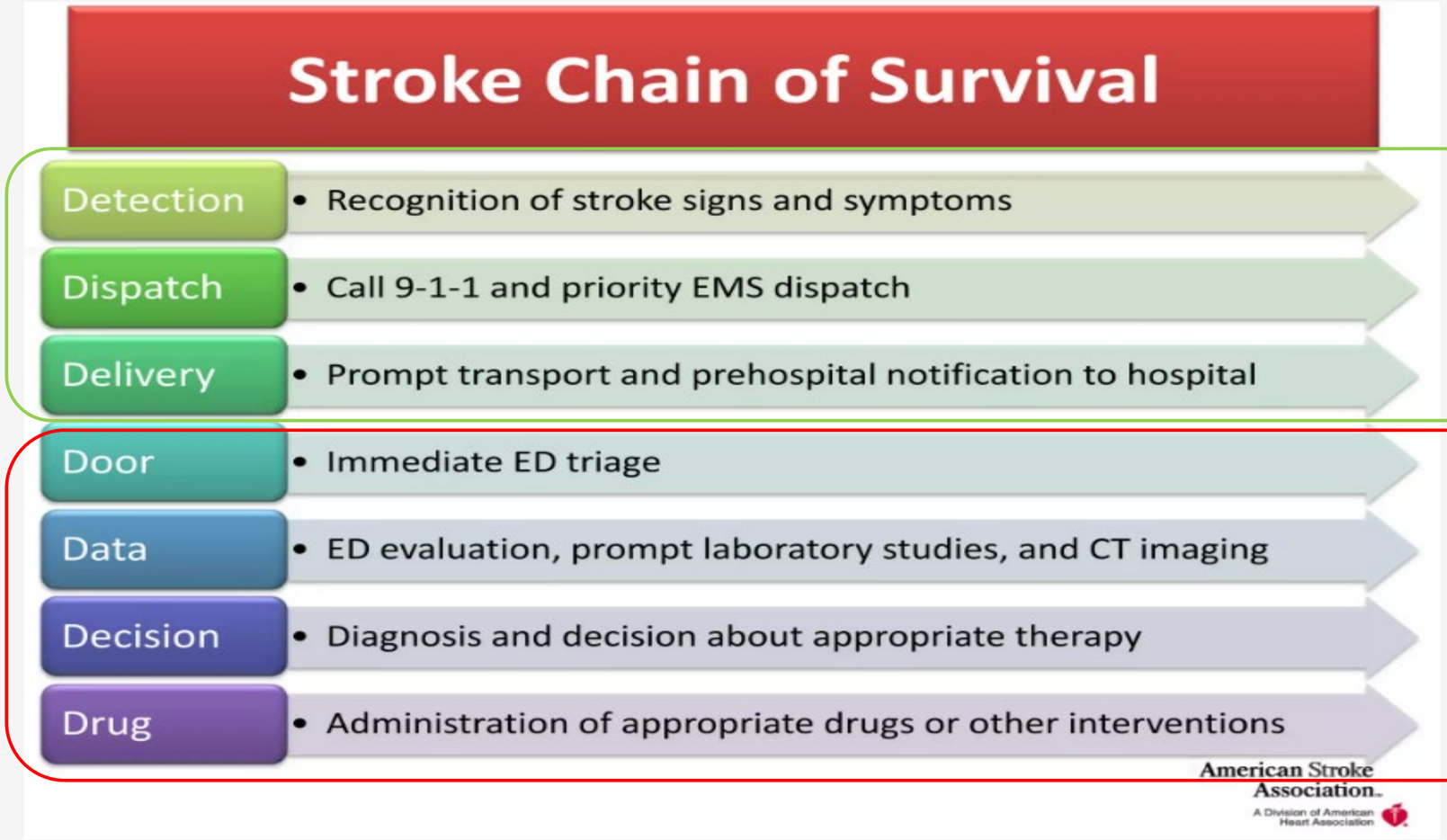
Where were we prior to the 1990’s?

- Public recognition
- Early EMS activation
- Pre-notification to the emergency department
- Prompt CT
- Available treatments


TJC Comprehensive Stroke Center designation
tPA approved
Brain Attack Coalition PSC recommendations published
Brain Attack Coalition CSC recommendations published
NQF → 8 core measures
1994
1996
1998
2000
2002
2004
2006
2008
2010
2012
Brain Attack Coalition established
American Stroke Association
TJC Primary Stroke Center designation
Mechanical retrieval approved
tPA window expansion
NINDS acute stroke treatment guidelines published
Coverdell & GWTG pilots
DRG 559 created
Updates to PSC recommendations

What makes a difference?

- A well-coordinated stroke network
- EMS identification and diagnosis, rapid transport of patients to designated stroke centers, and seamless communication among medical professionals.
- The organization of stroke services within hospitals
- The delivery of appropriate post-acute care and rehabilitation services, which are integral in reinstating functional capabilities and augmenting overall quality of life.


Stroke Chain of Survival
Detection
• Recognition of stroke signs and symptoms
Dispatch
• Call 9-1-1 and priority EMS dispatch
Delivery
• Prompt transport and prehospital notification to hospital
Door
• Immediate ED triage
Data
• ED evaluation, prompt laboratory studies, and CT imaging
Decision
• Diagnosis and decision about appropriate therapy
Drug
• Administration of appropriate drugs or other interventions
American Stroke Association
A Division of American Heart Association

What we do in the emergency department…

- Triage
- Stroke team activation
- Diagnostic imaging
- Diagnosis and decision about therapy
- Administration of appropriate therapy

How do we make ED treatment better?

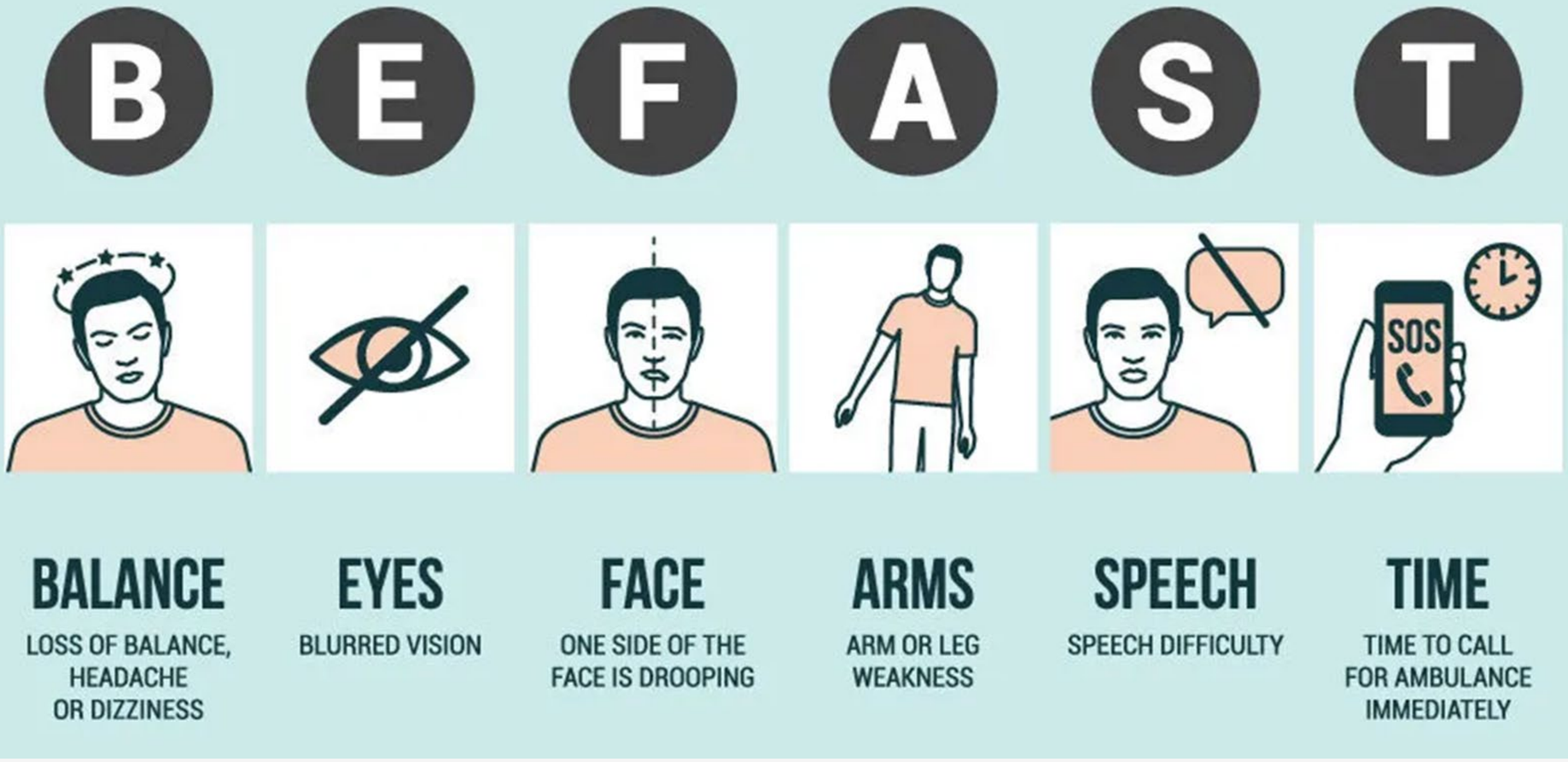
- Educate hospital and prehospital care providers
- Improve access to stroke information for providers
- Simplify stroke pathways
- Have standardized protocols, but allow flexibility to meet patient needs
- Encourage parallel processing
- Can we do some steps outside of the ED?

Improving Stroke Care in the ED

- Educate the public and health care workers
  - Prompt recognition and activation of the stroke system of care
- Prompt EMS evaluation and transport to PSC or CSC
  - Maximize communication with prehospital notification
  - Mobile stroke unit – cost effectiveness?
- Maximize the benefits of thrombolytics
  - Give it to more people, give it to them faster
- Maximize the benefits of thrombectomy
  - Recognize ELVO faster, get people to thrombectomy faster

Improving Stroke Care in the ED

- Advance Telemedicine
  - Prehospital assessment
  - Use of AI
  - What about your cell phone or tablet?
- Move transcranial doppler-sonography to EMS
  - Its small, low cost, portable, and can perform repeated measurements
- POC testing biomarkers
  - Could a blood test help reveal if someone is having a stroke?


B
E
F
A
S
T
SOS
BALANCE
LOSS OF BALANCE, HEADACHE OR DIZZINESS
EYES
BLURRED VISION
FACE
ONE SIDE OF THE FACE IS DROOPING
ARMS
ARM OR LEG WEAKNESS
SPEECH
SPEECH DIFFICULTY
TIME
TIME TO CALL FOR AMBULANCE IMMEDIATELY


Thank You!

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