

**HACKETTSTOWN REGIONAL MEDICAL CENTER
NURSING POLICIES
STROKE-Acute Stroke Care Unit**

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Effective Date: January 14, 2015

Policy No: 8620.255

Cross Referenced:

Origin: Patient Care

Reviewed Date:

Authority: Chief Nursing Officer

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SCOPE:

The Acute Stroke Unit will consist of adult patients, 18 years or older, admitted with a stroke or TIA diagnosis will be located on the PCU (Progressive Care Unit) and the ICU (Intensive Care Unit) when applicable.

PURPOSE:

To designate the units where an acute stroke patient can be best cared for on admission.

POLICY:

To designate a patient care unit that will provide nursing care and treatment for patients experiencing stroke signs and symptoms which contains equipment for continuous telemetry monitoring and non-invasive blood pressure monitoring.

PROCEDURE:

I. Admission Criteria:

- A.** All admissions to the Acute Stroke unit will be determined by the attending physician and/or his designee based on the following criteria:
 - 1.** Admission from the Emergency department
 - 2.** Transfer from other area of the hospital
- B.** There will be no Direct Admissions from a doctor's office for a patient experiencing signs and symptoms of an acute stroke
- C.** Eligibility for admission to the Acute Stroke Unit
 - 1.** All Ischemic Stroke patients
 - 2.** Hemorrhagic Strokes after stabilization in ICU or DNR status with comfort measures
 - 3.** All TIA patients

II. Patients requiring Intensive Care monitoring NOT candidate for Acute Stroke Unit

- A.** Patients who have received t-PA within 24 hours
- B.** Patients in respiratory distress or impending failure
- C.** Large strokes with high risk of herniation or compression of ventricles
- D.** Progressing brainstem strokes
- E.** Intracerebral Hemorrhage

III. Discharge Criteria from Acute Stroke unit:

- A.** Patients may be discharged based on the following
 - 1.** After 48 hours and/or need for cardiac monitoring is resolved
 - 2.** The need for neurologic observation is resolved
 - 3.** The need for IV antihypertensive medications is resolved
 - 4.** The patient's condition requires transfer to the ICU
 - 5.** The patient's condition worsens and is not a candidate for recovery.

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- B. Discharge Disposition:**
- 1. Discharged home with or without home services**
 - 2. Discharged to Rehabilitation facility when stable**
 - 3. Discharged to medical and/or surgical services as needed**
 - 4. Transfer to ICU for stabilization**
 - 5. Transfer to another acute care facility for higher level of care**

REFERENCES:

Guidelines for the early management of patients with acute ischemic stroke: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke.2013;44:870-947.

New Jersey Department of Health Administrative Code. 8:43G-7A.1-7A.5 (2014) Stoke Centers. Primary Stroke Center. Accessed 12/12/14. <http://www.lexisnexis.com/hottopics/njcode>