Integrated Stroke Unit

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ISU Patients

- Types of CVAs & volumes
- Benefits
- Disposition options
- Discharge process
- Follow-up post-acute stroke

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Integrated Stroke Unit

- Opened on October 12, 2021
- 12-bed unit
- Supported by a skilled multidisciplinary team including stroke coordinator, SW, PT, OT, SLP, RNs/RPNs

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Why is a Stroke Unit Important?

“Getting to the stroke unit made all the difference- I knew I could relax a bit knowing [family member] was well cared for.”

A person who experiences a stroke is more likely to survive, recover, and return home when early stroke care is provided by a specialized team in an ***Acute Stroke Unit.*** Ontario Health - CorHealth Ontario has been leading a provincial project on Stroke Unit Care.

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Who is admitted?

- Acute CVA outside window for TNK or EVT
- High-risk TIA
- Repatriations from KHSC

From where?

- Direct admission from PSFDH ER
- PSFDH patient transfer from tertiary care +/- interventions who require ongoing ISU care

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Volume of Stroke Admissions

- 187 total
  - Ischemic: 143
  - Hemorrhagic: 14
  - High-risk TIA: 30
- 143 patients from BGH and 44 patients from PSFDH

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Benefits of an ISU

- Geographical area within hospital is designated for the ISU
- Physician order set including investigations
- Nursing best practice stroke pathway
- Identify risk factors and goals for recovery
- Reduced morbidity and mortality
- Reduced complications

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Admit
- [ ] Unit: Medical (Stroke Unit)
- [ ] Telemetry Application

Diet
- [ ] NPO (Until Swallowing Assessment)
- [ ] Regular - DAT
- [ ] Clear Fluids
- [ ] Diabetic
- [ ] Cardiac
- [ ] Diet Other

Activity
- [ ] AAT (with early ambulation)
- [ ] AAT (Mobilize within 24 hours)
- [ ] Bedrest
- [ ] Other

Vital Signs
- [x] FI02: nasal oxygen to maintain O2 saturation >89%
- [ ] Incentive Spirometry now
- [x] Vital Signs every 4 hours and as needed x 48 hours then every shif...
- [ ] Vital Signs every 2 hours and as needed
- [ ] Vital Signs every 4 hours and as needed

Neuro Vital Signs

If patient is alert or drowsy follow orders for CNS (Canadian Neurolo...
- [ ] CNS every 1 hour x 4 (if patient is in Emergency Department)
- [x] CNS every 4 hours and as needed x 48 hours then every shift and ...
- [ ] CNS every 2 hours and as needed x 24 hours
- [ ] CNS every shift and as needed; Start in 48 hours

If patient is comatose or obtunded order GCS (Glasgow Coma Scal...
- [ ] GCS - Stroke Neuro Vitals every 1 hour x 4 (If patient is in Emergen...
- [ ] GCS - Stroke Neuro Vital Signs every 4 hours and as needed x 48 ...
- [ ] GCS - Stroke Neuro Vital Signs every 2 hours and as needed x 24 ...
- [ ] GCS - Stroke Neuro Vital Signs every shift and as needed; Start in ...

Investigations
- [ ] Laboratory: Routine Panel daily x 3
- [ ] Troponin (daily x 3)
- [ ] PT (INR) today
- [ ] PTT (Partial Thromboplastin Time) today
- [ ] HbA1C (Hemoglobin A1C) tomorrow morning
- [ ] Lipid Panel tomorrow am
- [ ] POC Glucose 4 times per day x 72 hours; then reassess
- [ ] Laboratory: Vasculitis/Inflammatory Disease Screen

Diagnostic Imaging
- [ ] Diagnostics (Imaging/Cardio) - TIA Stroke

Urinary Catheter Protocol
- [ ] Foley Catheter Insertion
- [ ] Foley Catheter Insertion as needed (Intermittent) As per Bladder Pr...

Consults
- [ ] Consults- Stroke

VTE Prophylaxis (QBP)

If CrCl > 29 mL/min choose:
- [ ] Enoxaparin 40 mg subcut every 24 hours

If CrCl < 30 mL/min choose:
- [ ] Enoxaparin 30 mg subcut every 24 hours

Heparin
- [ ] Heparin 5000 units subcut every 12 hours (CrCl less than 30) Start...

Medications; Routine
- [ ] Antiplatelet Agents

Statin Therapy PO
- [ ] Atorvastatin 40 mg PO daily at bedtime
- [ ] Rosuvastatin 20 mg PO daily at bedtime

Statin Therapy Via Tube
- [ ] Atorvastatin 40 mg via tube daily at bedtime

- [ ] R
Hyp
- [ ] P
Hyp
- [ ] P
Anti
- [ ]
Ana
- [ ]
Bow
- [ ]
Sed
- [ ]
Intra
- [ ] S
- [ ] S
Trea
- [ ]
- [ ]

Save Order Set to Favorites | Save Selected Orders to Favorites | Add Order | Clear Orders | Return

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ontario stroke network

Advancing the Ontario Stroke System

AlphaFIM® Instrument for Stroke

What is it?

AlphaFIM® Instrument

- Standardized method of assessing patient **disability/functional status** in the acute care setting
- Consists of six items that can be reliably collected in acute care
- Facilitates the transfer of patients from acute care to rehabilitation by using common language

AlphaFIM® Components

6 Items are rated:

MOTOR

1. Toilet Transfer
2. Bowel Management

If patient walks <150 feet:	If patient walks ≥150 feet:
3. Eating	3. Walking
4. Grooming	4. Bed Transfer

COGNITION

5. Expression
6. Memory

Rating Method:

Level	
7 – Complete independence (timely, safely) **6 – Modified independence (device)**	**No Helper**
Modified Dependence **5 – Supervision** **4 – Minimal Assist (Subject ≥ 75%)** **3 – Moderate Assist (Subject = 50 - 74%)** ***Complete Dependence*** **2 – Maximal Assist (Subject = 25 - 49%)** **1 – Total Assist (Subject <25%)**	**Helper**

Triage Guidelines*

AlphaFIM® Rating		Recommended Referral
Mild	> 80	Community-based rehabilitation
Moderate	40 to 80	Inpatient rehabilitation
Severe	< 40	Restorative care with regular assessment for rehab potential

*AlphaFIM® rating is only **one** component for consideration in discharge planning.

Further AlphaFIM® info:

For further information on the AlphaFIM® Instrument please contact the Ontario Stroke Network at:
www.ontariostrokenetwork.ca
or
info@ontariostrokenetwork.ca

Who Completes it?

Acute Care Allied Health and Nursing Assessors must be credentialed; but all team members may be consulted for information gathering.

When: Day 3 post admission

Benefits

- Utilize a common language for functional status and rehabilitation needs
- Provide objective data regarding disability and stroke severity
- Facilitate transfer of information to inpatient stroke rehabilitation
- Help make decisions regarding discharge from acute care
  - amount of help needed
  - best destination

What it Provides:

- Standardized Measure of Stroke Severity and Function
- Motor and Cognitive rating
- Projected FIM® ratings*
- Help Needed (in hours per day)

*Functional Independence Measure (FIM®) is an 18 item functional status measure used in inpatient rehabilitation.

AlphaFIM® and FIM® are trademarks of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

December 2012

Acute to Rehab

- FIM 40-80 (moderate)
- FIM < 40 (severe): trial of Rehab vs CMM
- 31.1% are transitioned to the BGH Rehab unit

Acute to Community

- FIM > 80 (mild)
- Community-based Rehab via HCCSS
- Consider pre-home OT assessment
- Referral to peer stroke support
- PSFDH: day hospital

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Post acute for PSFDH pt.'s

- **Discharge home** – with referrals to Home and Community Care and/or Day Hospital
- **Rehab @ PSFDH** – contact occurs with Dr. Stolee to discuss rehab readiness for consideration of direct admission to rehab
- **Repatriation** for ongoing medical care if patient is not appropriate for rehab

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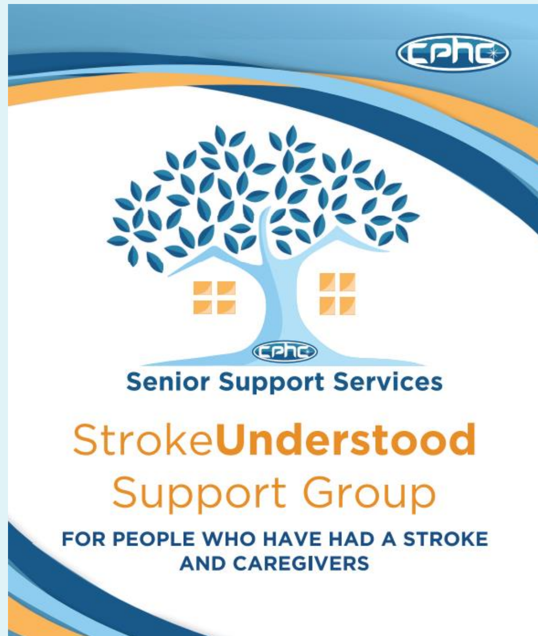
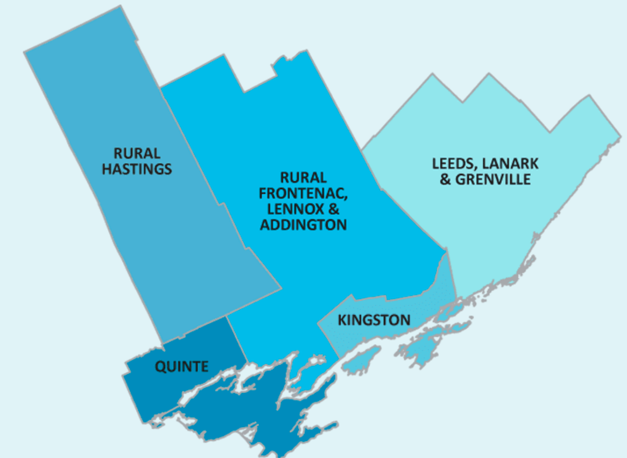
HOME AND COMMUNITY CARE SUPPORT SERVICES
South East

Referrals



Day Hospital

The Vascular Protection Clinic Referral Form
Phone: (613) 267-1500 ext. 4263
Fax: (613) 267-3449



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Discharge from ISU

- MD discharge summary includes results of: investigations, medications initiated, driving, etc
- Include instructions for any FP follow-up; Holter results, antiplatelet therapy, anticoagulation
- Vascular Protection Clinic referral

<u>Assessment/Plan</u>: []
1. CVA:
- Etiology: []
- Deficits: []
- Antiplatelet: []
- Anticoagulation: (if indicated)
- Hypertension: []
- Dyslipidemia: LDL []
- HbA1C: []
- Arrhythmia screening: [indicate if follow-up required]
- Vascular imaging: []
- Driving: [MTO Report Sent – yes/no?]
- Community referrals: []
- SPC/VPC follow-up

References

Peter Langhorne; The Stroke Unit Story: Where Have We Been and Where Are We Going?. *Cerebrovasc Dis* 1 December 2021; 50 (6): 636–643. https://doi.org/10.1159/000518934)

Lo A, Tahair N, Sharp S, Bayley MT. Clinical utility of the AlphaFIM® instrument in stroke rehabilitation. Int J Stroke. 2012 Feb;7(2):118-24. doi: 10.1111/j.1747-4949.2011.00694.x. Epub 2011 Nov 22. PMID: 22103839.

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Thank You!