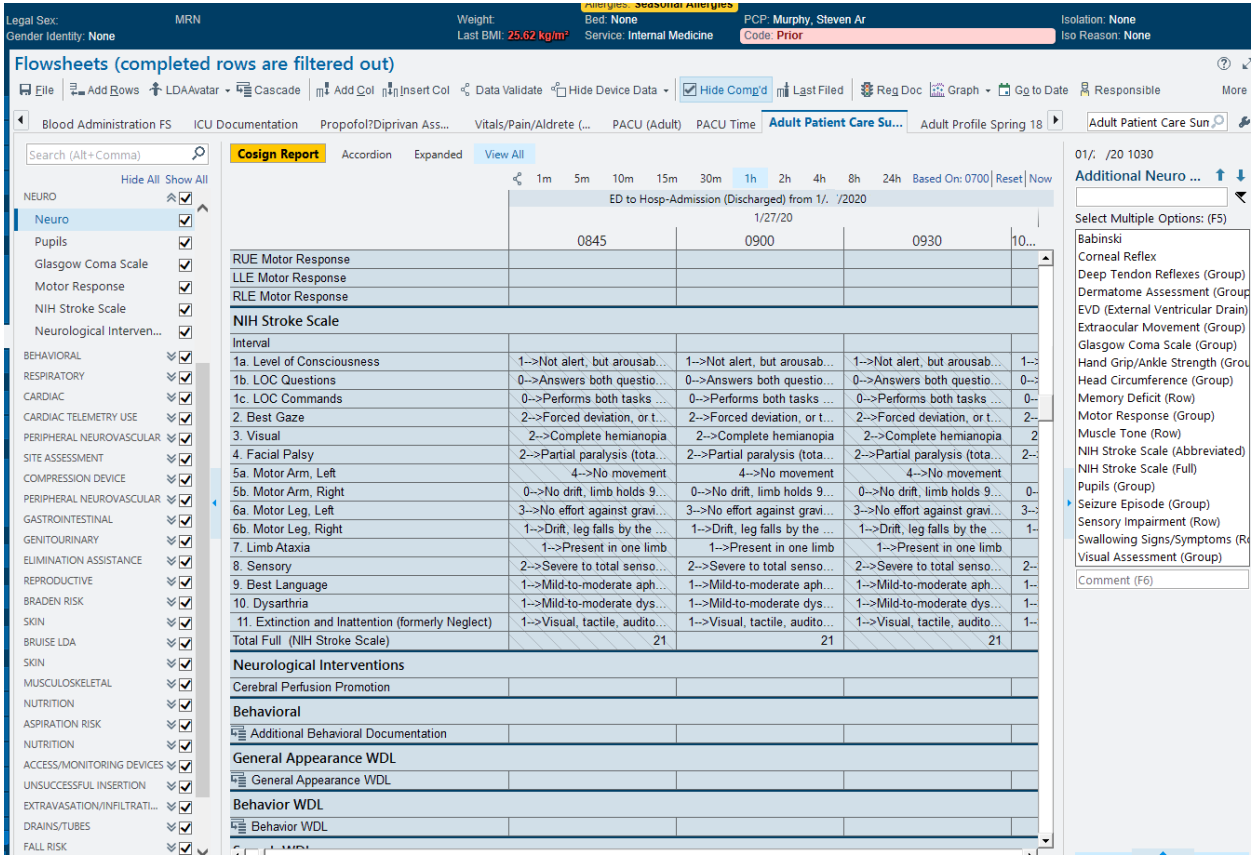
Legal Sex:
MRN
Gender Identity: None
Weight:
Last BMI: 25.62 kg/m²
Bed: None
Service: Internal Medicine
PCP: Murphy, Steven Ar
Code: Prior
Isolation: None
Iso Reason: None
Flowsheets (completed rows are filtered out)
File
Add Rows
LDA Avatar
Cascade
Add Col
Insert Col
Data Validate
Hide Device Data
Hide Comp'd
Last Filed
Reg Doc
Graph
Go to Date
Responsible
More
Blood Administration FS
ICU Documentation
Propofol?Diprivan Ass...
Vitals/Pain/Aldrete (...
PACU (Adult)
PACU Time
Adult Patient Care Su...
Adult Profile Spring 18
Adult Patient Care Sun
Search (Alt+Comma)
Hide All Show All
NEURO
Neuro
Pupils
Glasgow Coma Scale
Motor Response
NIH Stroke Scale
Neurological Interven...
BEHAVIORAL
RESPIRATORY
CARDIAC
CARDIAC TELEMETRY USE
PERIPHERAL NEUROVASCULAR
SITE ASSESSMENT
COMPRESSION DEVICE
PERIPHERAL NEUROVASCULAR
GASTROINTESTINAL
GENITOURINARY
ELIMINATION ASSISTANCE
REPRODUCTIVE
BRADEN RISK
SKIN
BRUISE LDA
SKIN
MUSCULOSKELETAL
NUTRITION
ASPIRATION RISK
NUTRITION
ACCESS/MONITORING DEVICES
UNSUCCESSFUL INSERTION
EXTRAVASATION/INFILTRATI...
DRAINS/TUBES
FALL RISK
Cosign Report
Accordion
Expanded
View All
1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Based On: 0700 Reset Now
ED to Hosp-Admission (Discharged) from 1/. /2020
1/27/20
0845
0900
0930
RUE Motor Response
LLE Motor Response
RLE Motor Response
NIH Stroke Scale
Interval
1a. Level of Consciousness
1b. LOC Questions
1c. LOC Commands
2. Best Gaze
3. Visual
4. Facial Palsy
5a. Motor Arm, Left
5b. Motor Arm, Right
6a. Motor Leg, Left
6b. Motor Leg, Right
7. Limb Ataxia
8. Sensory
9. Best Language
10. Dysarthria
11. Extinction and Inattention (formerly Neglect)
Total Full (NIH Stroke Scale)
Neurological Interventions
Cerebral Perfusion Promotion
Behavioral
Additional Behavioral Documentation
General Appearance WDL
General Appearance WDL
Behavior WDL
Behavior WDL
01/. /20 1030
Additional Neuro ...
Select Multiple Options: (F5)
Babinski
Corneal Reflex
Deep Tendon Reflexes (Group)
Dermatome Assessment (Group
EVD (External Ventricular Drain)
Extraocular Movement (Group)
Glasgow Coma Scale (Group)
Hand Grip/Ankle Strength (Grou
Head Circumference (Group)
Memory Deficit (Row)
Motor Response (Group)
Muscle Tone (Row)
NIH Stroke Scale (Abbreviated)
NIH Stroke Scale (Full)
Pupils (Group)
Seizure Episode (Group)
Sensory Impairment (Row)
Swallowing Signs/Symptoms (R
Visual Assessment (Group)
Comment (F6)

Post Thrombectomy debrief 1/27/20

Present: Dr. Du, Sheryl Feldheim, Dr. Franco, Amy Heidenreich, BSN, RN, CCRN, Barbara Leafe, MSN, RN, NEA-BC, Ann Marie McGrory, BSN, RN, Christine Rae, BSN, RN, CCRN, Shelby Smith, MSN, RN, Mike Valiante, Dr. Zetchi. By phone: Dr. Cord, Dr. Desai, Dr. Donegan.

Phase of Care	Strengths (What worked well)	Findings & Opportunities	Recommendations	Approved/ Modified	Person(s) Responsible	Due date	Completed
EMS	Pre-notification	• Opportunity to pre-notify earlier? • Time on scene	Solicit feedback from Colin Bassett re: their standards and expectations for these elements		S. Feldheim		
ED	• Called Stroke Code based on EMS report. • Call back from Dr. Desai at time of roll in. • CT scan ready (done at 0316). • Quick CT interpretation. • Order set placed	• Not clear for Tier 2 who notifies who • Confusion re: Tier 2 • Had to look up to see who the Neurointerventionist (NI) on call was • Operator needs to activate regardless of who is calling it (any MD). • Who reaches out to the NI? Neurologist (will likely be first to read the scan). • Neurologist calls NI – not just text pages as page may not be heard. • Add the NI on call to the Tier 2 activation; this will confirm for them that it has been activated.	1. Per the Tier 2 algorithm, the neurologist reviews the case with the NI; re-educate ED MDs and Neurologists. Neurologist should call NI, not just text page. 2. The algorithm has "NI (or designee)" calling the operator to activate the Tier 2. Clarify prior communication with operator that the NI will activate, or ED MD or Neuro on their behalf after discussion with NI. Contact Jodi Kszywanos 3. The NI on call is available on smart web: Neuro Intervention/Stroke-Yale-GH. Inform ED MDs and Neurologists 4. Add the NI on call to the Tier 2 activation		1. Dr. Davison and Dr. Lleva 2. S. Feldheim 3. Dr. Davison and Dr. Lleva 4. S. Feldheim		
CTP		• All patients with a suspected large vessel occlusion (LVO) should have CTP – this needs to be pre-checked on the order set. More information. If high suspicion of stroke – disabling stroke. Discuss with Radiology (Dr. Sullivan). Does not add a lot of time if done with other imaging. • Discussed pros and cons of	1. Dr. Zetchi discussed with Dr. Sullivan. Next steps: meeting with Dr. Davison and ED MDs, Dr. Sullivan, Dr. Lleva and Neurologists, and T. Martin to discuss indications (criteria) and educate re: need. 2. Consider procedural pause after CT & CTA prior to CTP 3. Consider pre-check CTP on Stroke Code order set		1. Dr. Zetchi 2. TBD 3. S. Feldheim		

Phase of Care	Strengths (What worked well)	Findings & Opportunities	Recommendations	Approved/ Modified	Person(s) Responsible	Due date	Completed
		keeping patient on the CT table while deciding if CTP needed. • Should we develop criteria around selecting, or deselecting the CTP order? Based on NIHSS (>5?) and/or other criteria?					
Booking the case		• Educate IR staff on booking the case- didn't know the exact entry to select to ensure anesthesia added. Needs to be 1st thing that happens – 1st person in the room. (The ED order does not do this). • Neuro helped setup table. • Getting IV bags – only nurse knew how and arrived a bit later. Cross-train as to where to obtain them. Pharmacy places them on the Pyxis. All techs need to be aware of this.	1. Re-Educate IR staff on booking the case and prioritizing that activity (1st thing). 2. Educate re: IV bag location		R. McElwain		*1/30/20*
Anesthesia	Went well. Helpful, attentive	• Rose and Dr. Zetchi discussed needs earlier and will address.	Currently working on: • Protamine in the fridge • Anesthesia cart • Aggrastat • Radiation protection • New machine		R. McElwain, Dr. Zetchi		
Procedure	Generally went smoothly. Dr. Cord had everything he needed. Could locate items quickly. Angioplasty and MER, 2 passes and on 3rd pass slight bleeding. 91 mins duration. TICI2b. Scans stable. Upper extremity plegia. Went well from IR tech perspective.	• Back-up plan if IR RN is delayed. • Notification to ED from Cath lab when ready – yes, that is the process. • Expectation is for IR RN in by 30 mins. • Discussion regarding response time underway	1. Administrative Coordinators respond to Tier 2 activation weekdays (between 1700-0700) and on weekends to facilitate processes towards cath lab readiness if needed. 2. Reinforce 30 minute on site time for IR staff on call		1. B. Leafe 2. R. McElwain		

Phase of Care	Strengths (What worked well)	Findings & Opportunities	Recommendations	Approved/ Modified	Person(s) Responsible	Due date	Completed
		with administration. • *ED as back-up?* Need to understand the role. • Nursing supervision needs to either back fill the ED or the IR suite – may be preferable to use supervision as they don't have a caseload to hand off. They are also aware of capabilities. • Can nursing supervision help with flow in the Tier 2.					
ICU	NIHSS performed hourly	• Orders post thrombectomy for BP management. • Neuro involved until transferred to ICU, then the ICU interventionist takes over management. • ICU RN had the orders that were needed and BP parameters. Add hypo and hypertension treatment to the order set. • Look at Neuro ICU order sets to see what may be in there re: BP management. • Nicardipine for hypertension and epinephrine for hypotension?	1. Dr. Zetchi reviewing thrombectomy order set which is currently under system review for revision. 2. Expand the Tier 2 algorithm to address the post-procedural hand off and management upon transfer to MSICU. Clarify roles/responsibilities of NI, neurologist, intensivist, hospitalist and house staff post-procedure. Set up meeting with stakeholders. 3. Review BP management in Neuro ICU order sets to inform thrombectomy order set		1. Dr. Zetchi 2. S. Feldheim, Dr. Zetchi, Dr. Lleva 3. S. Feldheim, Dr. Zetchi		
Other		• Check order set – should follow same vs and neuro check frequency as tPA. • NI on-call for GH added to Tier 2.	1. Thrombectomy order set reviewed and revisions being brought forth to system work group. 2. Add on-call NI to Tier 2 activation.		1. S. Feldheim, Dr. Zetchi 2. S. Feldheim		