

Neuro SWAT



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Evolution of Neuro SWAT

2014- tPA Nurse

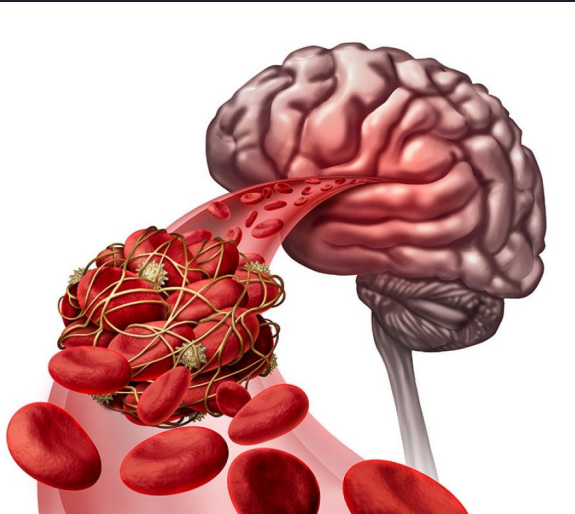
2017- Neuro Resource Nurse

2020- Neuro SWAT



Neuro SWAT

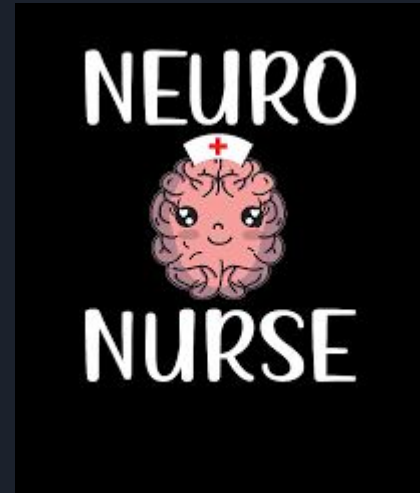
- Neuro Resource role expanded to a separate full-time position
 - Upstate's Neurological rapid response team
- Stroke Certified Nurse now available for immediate response to both ED and in-house stroke codes.
- ED stroke codes: start right at the door
 - Facilitate getting to scan faster
 - Improve door to CT, thrombolytic, and thrombectomy times



Besides Stroke Codes...

Neuro SWAT Provides...

- Support for entire 9th floor
 - Assist with neuro procedures, help decrease workload for nurses
- Support for neuro patients placed on other units
- Support for pediatric neuro patients



Neuro SWAT Support



- Assistance with bedside neurosurgical procedures
 - Placement and management of EVD/LD, ICP monitoring devices, SEPS, etc
- An additional resource for complex neurological treatments and assessments
 - Targeted temperature management- IV/surface cooling
 - BIS monitoring, Train of 4, etc
 - Seizure/status management
- Evaluation and response to acute neuro changes
- Assistance with transport for vital diagnostic tests and procedures
- A facilitator of communication between the bedside nurse and Neurology/NSGY physician

Additional Support

Neuro SWAT nurses...

- Follow stroke patients for entire hospitalization
- Provide QA and surveillance to optimize compliance with measures and guidelines
- Collaborate with clinical leaders/charge nurses
- Provide staff with real-time education and in-services
- Offer patients stroke education and support
- Function as an additional clinical leader and neuro resource



ED Stroke Code Process

Stroke Code Page

It all begins with prenotification by EMS.

Prenotification allows all members of the Upstate stroke team to be in position and prepared to offer immediate medical attention.

- ED Physician, Neurologist, pharmacist, ED Nurse/staff, Registration, Neuro SWAT, and Radiology staff in CT.

If patient already arrived to ED, stroke code announcement will indicate exact current location.



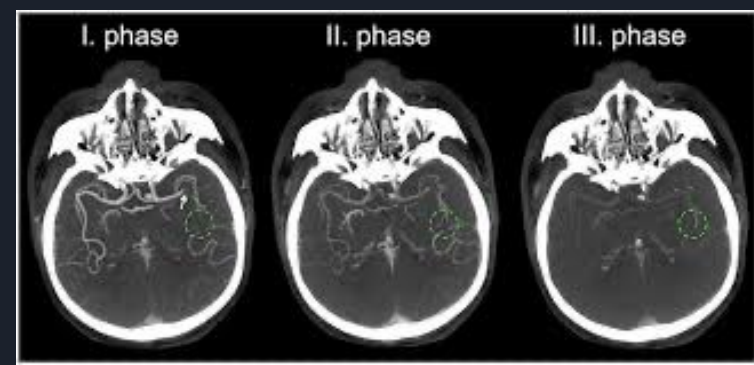
ED Stroke Code

- Patient arrives by EMS
 - ED physician quickly assesses ABCs
 - Neurologist starts evaluating neuro exam
 - Registration

--a previous medical record can provide pertinent information and save a lot of time.

- To CT scan

*Expectation is that no more than 1-2 minutes have passed since patient arrival.





CT Scanner

- Immediate priority is CT head

***This scan should not be held up in order to obtain IV access.*

*Expectation is that CTh is completed no more than 25 min from ED arrival (Goal 10 min)

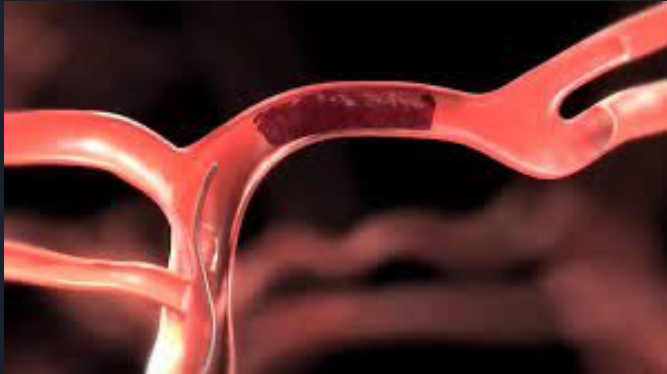
- IV access and CTa/p head and neck, if indicated

*Neurologist simultaneously continues with neuro exam, without holding up scans.

- Evaluate scans to confirm absence of acute ICH, large area of infarct or LVO.
- Transfer to “stroke stretcher” for accurate weight and transport to ED room.

Candidate for Intervention?

- Neurologist makes final determination whether AIS intervention is indicated
 - Thrombolytic therapy (tPA/tNK)
 - Mechanical thrombectomy (MER)
- Immediate focus is on candidacy for thrombolytics due to shorter tx window
- Consideration is also given to Neurointerventional Radiology for MER, particularly if a large vessel occlusion was seen on the CTa

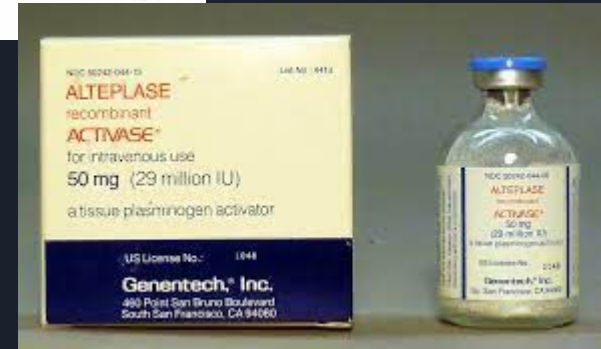


tPA/tNK

If thrombolytic is indicated...

- Immediately inform Pharmacist
- Inform ED staff
- Inform Nursing Supervisor
- Obtain pre-bolus vitals (BP < 185/110)
- Ensure patient has adequate IV access and all necessary equipment

*Expectation is no more than 45 minutes have passed since ED arrival (Goal 30 minutes)





tPA/tNK

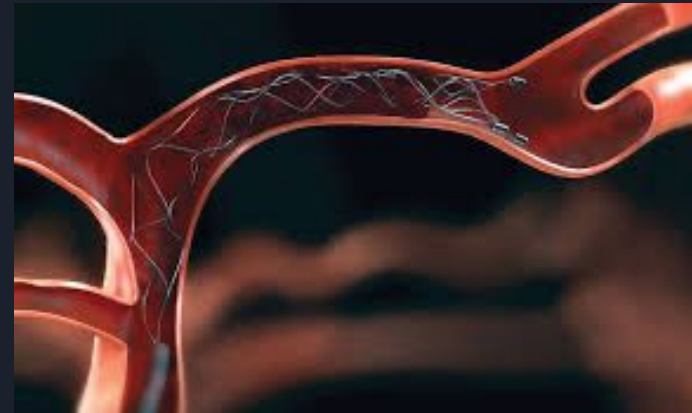
Once thrombolytic is administered...

- Neuro SWAT begins frequent monitoring of neuro exam and vitals (24hr post-thrombolytic monitoring)
 - q 15 min x 8, q 30 min x 12, q hour x 16
- Neuro SWAT coordinates admission to Neuro ICU (Goal 60 min)
- Neuro SWAT and ED Staff transport patient to Neuro ICU

*Neuro SWAT often remains in Neuro ICU to assist with admission process and stroke quality core measures.

NIR for Mechanical Thrombectomy

- Neurologist and Neuro SWAT make notifications
- Confirm Anesthesia is notified by Neurologist
- Coordinate transport to IR suite
- Assist with ensuring informed consent & receive NIR order
- Assist with intubation/preparation for procedure
- Confirm NIR times
- Collaboration for bed placement
- Post-NIR monitoring/transport



Post-Thrombolytic Monitoring Tool

“Pink Sheet”

Post tPA Monitoring Checklist

MRN: _____ Date: _____ tPA Bolus time _____ VS pre-bolus _____
***Maintain BP <180/105 for all post tPA patients (systolic AND diastolic)**

Q15 During Infusion	Time	VS	Neuro	Keep BP <180/105	Unit/Nurse/Notes
0					
1					
2					
3					
4					

Q15 X 1 hour after	Time	VS	Neuro	Keep BP <180/105	Unit/Nurse/Notes
1					
2					
3					
4					

Q 30 X 6 hours	Time	VS	Neuro	Keep BP <180/105	Unit/Nurse/Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

√ = Yes/complete *Patient Label*

Q 1 X 16 hours	Time	VS	Neuro	Keep BP <180/105	Unit/Nurse/Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

EPIC tab used _____
 Bleeding precautions in care plan _____
 Order set _____
 NS flush ordered _____
 NS Flush Documented _____

Print name	Signature	Date

Post-NIR Monitoring Tool

“Green Sheet”

Post NIR Monitoring Audit Tool 2021v2

MRN:							
Date:							
Handoff Time:	IR NURSE:						
Closure Device Time:							
Procedure End Time:							

Q15 X8 (2 hours)	Time	VS	Neuro	Pulse	Puncture	Compression Device Volume:	Unit/Nurse/Notes
0							
1							
2							
3							
4							
5							
6							
7							
8							

Q30 X 4 (2 hours)	Time	VS	Neuro	Pulse	Puncture	Compression Device Volume:	Unit/Nurse/Notes
1							
2							
3							
4							

Q1 X 2 (2 hours)	Time	VS	Neuro	Pulse	Puncture	Compression Device Volume:	Unit/Nurse/Notes
1							
2							

Print name	Signature	Date

√= Yes/complete Updated 12/21 jlo



Thank You!

