

STROKE

MMC was re-certified as a Joint Commission Primary Stroke Center in August 2024

- Stroke Care at MMC is based on the Brain Attack Coalition's Recommendations for Primary Stroke Centers and the evidence-based guidelines developed by the American Heart/Stroke Association. Please see specific protocols for the following: Transient Ischemic Attack (TIA), Ischemic stroke, Hemorrhagic stroke, Stroke Nursing Care, Large Vessel Occlusion Stroke Management Protocol, and STAT MRI-Based Thrombolytic Use in Wake-Up Stroke. These are all located on MMC Policy Stat.

BEFAST (Balance, Eyes, Face, Arm, Speech, Time)

- An acronym used to identify stroke symptoms. Balance and eyes have been added to include posterior circulation stroke patients

Stroke is a MMC Hospital-wide quality measure

- Stroke measures are included for diagnoses of: TIA, Ischemic and Hemorrhagic Stroke, and Non-traumatic Subarachnoid Hemorrhage
- They are designed to prevent complications, prevent another stroke, encourage lifestyle changes to reduce stroke risk, and maximize recovery after stroke
 - Use of stroke order sets built into EPIC can assist in addressing all the stroke core measures
 - Designated stroke units (8 Rose & 8 Ashman) with specific stroke trained staff for continued stroke care, are required by Joint Commission for Primary Stroke Center and measure compliance
 - Documentation that IV thrombolytic agents and endovascular intervention were considered
 - The National Institutes of Health Stroke Scale (NIHSS) completed within 12 hours of patient arrival or within 15 minutes of arrival for stroke alerts or patients receiving IV Alteplase
 - Swallow screening or evaluation must be completed before any oral intake, including medications
 - Antithrombotics administered within 24 hours (excludes hemorrhages)
 - VTE prophylaxis documented within 24 hours
 - Lipid panel (post-acute stroke panel) within 24 hours (excludes hemorrhages)
 - Stroke/TIA patients with LDL >70 and <75 years of age are prescribed high intensity statin therapy at discharge and if >75 years of age at least moderate-intensity statin therapy at discharge
 - Smoking Cessation advice
 - Assess for Rehab services (PT/OT/and speech therapy)
 - Stroke/TIA patients with atrial fib/flutter receive anticoagulation or documentation of contraindication (excludes hemorrhages)
 - Antithrombotics at discharge or documentation of contraindication
 - Provide verbal and written stroke education

Tenecteplase

- Advantage over Alteplase is in the ease of administration. It can be given as a single IV bolus dose over 5 seconds

- Trials are pointing to Tenecteplase as being superior in recanalization of large vessel occlusions
- Alteplase will only be available for ischemic stroke in times of Tenecteplase shortage

NIHSS

- A tool used to objectively quantify the degree of impairment caused by a stroke
- To be completed every 12 hours, and PRN for any changes in neurological status
- Increases of 2 or more points from the Previous NIHSS are to be communicated to the Neurologist

TIA (transient ischemic attack)

- Up to 40% of people that experience TIA will go on to have a full stroke within 3 months
- These patients are at high risk of having a stroke and should be provided stroke prevention care
- TIA patients should be treated the same as a stroke patient
 - Stroke order set usage
 - NIHSS as per protocol
 - Neurology consult (upon admission-not after testing)
 - Antithrombotic during admit and prescribed on discharge
 - Intensive statins (per guidelines) or statin therapy with appropriate documentation
 - Follow up with Stroke Clinic
 - Stroke/TIA education

The Stroke Clinic (located at CPG Pain and Neurology/East Hills campus)

- Provides for an outpatient Neurology follow up (does not replace Primary Care Physician participation)
- Assists with rehab needs
- Assists with prevention of complications
- Patient education

Telestroke

- MMC offers telestroke to our Rural-Critical Access Hospitals at Conemaugh Meyersdale Medical Center, Conemaugh Miners Medical Center, and Conemaugh Nason Hospital to improve stroke care since 2016. Providing access to Neurological consultation in these communities 24 hours a day, 7 days a week. The Neurologist completes a full neurologic assessment via robotic assistance and reduces patients' treatment time. In addition, the stroke program provides consistent education, order sets, and stroke protocols, etc... to enhance the quality of stroke care to all patients in our region.
- Nason Hospital, Miners, and Meyersdale Medical Center are all Acute Stroke Ready Certified by The Joint Commission