BOZEMAN HEALTH

COVID-19 RESPONSE POLICY/PROTOCOL

TITLE	Stroke Alert ED Response and Admission Surge Plan
TODAY'S DATE	April 22, 2020
SECTION	☐Organization Wide ☒Emergency Department ☒Inpatient ☐Ambulatory ☐Nursing ☒Medical staff [physicians and advance care practitioners]

APPLICABLE LOCATIONS	☐All Bozeman Health locations ☒Bozeman Health Deaconess Hospital ☐Big Sky Medical Center		☐Belgrade Clinic + UrgentCare ☐Hillcrest Senior Living ☐b2 UrgentCare ☐b2 MicroCare

VERSION DATE	April 8, 2020
CONTRIBUTORS	Stroke Program
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APPROVAL DATE	April 22, 2020

PURPOSE: To maintain high quality care for patients with acute stroke, to minimize patient and staff exposure, and to conserve hospital resources including ICU beds and PPE. This protocol is only intended for use during the COVID 19 pandemic, during which time, staff, resources and PPE may be limited.

POLICY/PROTOCOL: BDH will endeavor to adhere to all published guidelines regarding patient evaluation in the ED, patient selection for treatment with alteplase, goal treatment times, and post-alteplase monitoring. Every attempt should be made to maintain 100% compliance with stroke guidelines. However, in the setting of pandemic, alterations may be made when necessary to the workflow, admit level of care, and post-alteplase monitoring. Considerations must be made individually based on patient condition and availability of resources.

Emergency Department:

- Follow current COVID 19 ED workflow for rooming ED patients
- Mask all patients who arrive with symptoms consistent with stroke (patients that arrive by EMS will be masked at the entrance from the ambulance bay). Rationale: patients experiencing a stroke may not be able to accurately or reliably report viral symptoms.
- Continue to activate a Stroke Alert on patients who present with neurologic symptoms within 4.5 hours from Last Known Well per the current Acute Stroke Alert Guidelines
- The patient must be evaluated by the ED provider for stability before going to CT. If an ED physician is unable to rapidly evaluate a potential stroke patient, they may delegate that task to the Team Lead RN or an APP.
- Support staff (pharmacy, phlebotomy, ED tech) will respond to Stroke Alert but will not enter the room unless asked by the provider or RN.
- Telestroke will be utilized for neurology evaluation of patients with symptoms consistent with COVID-19
- Every attempt should be made by nursing staff to maintain compliance with monitoring and documentation of vital signs and neuro checks per current BDH guidelines; modifications will be at the discretion of the individual team based on patient condition and availability of resources

Inpatient Admission Surge Plan:

In the event that the ICU is at capacity or requires all available beds be used for intubated and/or critically ill/unstable patients, this surge plan will be utilized. The decision must be made on a case by case basis, taking into consideration patient condition, availability of ICU beds, and staffing. Patients who received alteplase treatment for stroke may be overflowed to a lower level of care if the following criteria are met: (first choice for placement is PCU, if PCU or ICU beds are unavailable the Medical Unit may be considered)

- The patient is deemed stable for a lower level of care by admitting physician.
- The patient is not intubated and does not exhibit respiratory distress.
- The patient is hemodynamically stable (IV blood pressure medication may be given if needed to maintain BP <180/105 for 24 hours post-alteplase; considerations for patient placement should be made based on anticipation of blood pressure management)
- Staffing allows for 1:1 nursing for the first 8 hours post alteplase, then 2:1 for the following 16 hours post-alteplase; modifications will be considered based on patient condition and availability of resources
- Nursing staff has received education and training on post-alteplase care and management
- Every attempt should be made by nursing staff to maintain compliance with monitoring and documentation of vital signs and neuro checks per current BDH guidelines; modifications will be at the discretion of the individual team based on patient condition and availability of resources

Additional considerations:

- Critically ill stroke patients should continue to be admitted to the ICU with appropriate allocation of resources.
- If a stroke patient is deemed as high risk for bleeding or complications by the admitting physician and consulting neurologist, and an ICU bed is unavailable, consideration can be made for transfer to another facility that can provide the appropriate level of care.
- These recommendations do not apply to patients with hemorrhagic stroke. Please follow current guidelines for transfer.

References:

Temporary Emergency Guidance to US Stroke Centers during the COVID-19 Pandemic On Behalf of the AHA/ASA Stroke Council Leadership. DOI 10.1161/STROKEAHA.120.030023