

T¹ Clinical Protocols

Triage

- All patients presenting with signs and symptoms of suspected stroke should be triaged to Australasia Triage Scale (ATS) Category 1 or 2 (seen within 10 mins)

Treatment

- tPA (tissue-type plasminogen activator)
 - All patients to be assessed for tPA eligibility
 - All eligible patients to receive tPA
- Fever
 - All patients to have their temperature taken on admission to Emergency Department (ED) and then at least four hourly whilst they remain in ED
 - Treat temperature 37.5°C or greater with paracetamol within one hour
- Sugar
 - Formal venous (laboratory) Blood Glucose Level (BGL) on admission to ED
 - Record finger prick BGL on ED admission and monitor finger prick BGL every 6 hours (or greater if elevated)
 - Administer insulin to all patients with BGL > 10 mmol/L within one hour
- Swallow
 - Patients remain Nil By Mouth until a swallow screen by non-Speech Pathologist (SP) or swallow assessment by SP performed i.e:
 - No oral food or fluids to be given prior to swallow screen by non-SP or swallow assessment by SP
 - No oral medications administered prior to swallow screen by non-SP or swallow assessment by SP
 - All patients who fail the screen are to be assessed by a SP

Transfer

- All patients with stroke to be discharged from ED within 4 hours
- All patients with stroke to be admitted to the hospital's stroke unit

T³ Implementation strategy

Multidisciplinary Workshops

Workshop 1 - Barriers and Enablers Assessment (one at each site, 60 minutes)

- To present details of trial
- To identify local barriers and enablers
- To identify local site clinical champion

Workshop 2 - Action Plan (one at each site, 60 minutes)

- To discuss Action Plan
- To ascertain actions already taken
- To discover any further local barriers

Didactic and interactive education (minimum one at each site, 30 minutes)

- 20 minute Powerpoint presentation and 10 minute discussion
- 8 minute video developed by an academic ED nurse clinician / opinion leader

Use of clinical opinion leaders

- Key national clinical opinion leaders at Workshop 1 and available for any site-requested queries
- Clinical site champions from ED and the stroke unit

Reminders

- Reminder poster to display in ED and pocket sized card to attach to ID lanyard for staff
- Proactive direct contact every six weeks in the form of:
 - Site visits every three months (face-to-face) using action plan
 - Teleconferences every three months with clinical champions and site coordinator using action plan
- Emails – reactive and monthly proactive emails
- Telephone support – reactive

Emergency Department Stroke Progress Note

Brendan G. Carr

A red circular graphic with a gradient, appearing as a partial circle or a stylized 'C' shape, located to the right of the author's name.

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Table of Contents Emergency Department Stroke Progress Note

1. Understanding the eBook Emergency Department Stroke Progress Note
 - The Rise of Digital Reading Emergency Department Stroke Progress Note
 - Advantages of eBooks Over Traditional Books
2. Identifying Emergency Department Stroke Progress Note
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Emergency Department Stroke Progress Note
 - User-Friendly Interface
4. Exploring eBook Recommendations from Emergency Department Stroke Progress Note
 - Personalized Recommendations
 - Emergency Department Stroke Progress Note User Reviews and Ratings
 - Emergency Department Stroke Progress Note and Bestseller Lists
5. Accessing Emergency Department Stroke Progress Note Free and Paid eBooks
 - Emergency Department Stroke Progress Note Public Domain eBooks
 - Emergency Department Stroke Progress Note eBook Subscription Services
 - Emergency Department Stroke Progress Note Budget-Friendly Options
6. Navigating Emergency Department Stroke Progress Note eBook Formats

- ePub, PDF, MOBI, and More
- Emergency Department Stroke Progress Note Compatibility with Devices
- Emergency Department Stroke Progress Note Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Emergency Department Stroke Progress Note
 - Highlighting and Note-Taking Emergency Department Stroke Progress Note
 - Interactive Elements Emergency Department Stroke Progress Note
- 8. Staying Engaged with Emergency Department Stroke Progress Note
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Emergency Department Stroke Progress Note
- 9. Balancing eBooks and Physical Books Emergency Department Stroke Progress Note
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Emergency Department Stroke Progress Note
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Emergency Department Stroke Progress Note
 - Setting Reading Goals Emergency Department Stroke Progress Note
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Emergency Department Stroke Progress Note
 - Fact-Checking eBook Content of Emergency Department Stroke Progress Note
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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