

## **T<sup>1</sup> 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

## **T<sup>3</sup> 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

**United States. General Accounting  
Office**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the United States General Accounting Office text.

**Emergency Department Stroke Progress Note:**

This book delves into Emergency Department Stroke Progress Note. Emergency Department Stroke Progress Note is an essential topic that must be grasped by everyone, ranging from students and scholars to the general public. The book will furnish comprehensive and in-depth insights into Emergency Department Stroke Progress Note, encompassing both the fundamentals and more intricate discussions.

1. This book is structured into several chapters, namely:
    - Chapter 1: Introduction to Emergency Department Stroke Progress Note
    - Chapter 2: Essential Elements of Emergency Department Stroke Progress Note
    - Chapter 3: Emergency Department Stroke Progress Note in Everyday Life
    - Chapter 4: Emergency Department Stroke Progress Note in Specific Contexts
    - Chapter 5: Conclusion
  2. In chapter 1, this book will provide an overview of Emergency Department Stroke Progress Note. The first chapter will explore what Emergency Department Stroke Progress Note is, why Emergency Department Stroke Progress Note is vital, and how to effectively learn about Emergency Department Stroke Progress Note.
  3. In chapter 2, this book will delve into the foundational concepts of Emergency Department Stroke Progress Note. The second chapter will elucidate the essential principles that need to be understood to grasp Emergency Department Stroke Progress Note in its entirety.
  4. In chapter 3, this book will examine the practical applications of Emergency Department Stroke Progress Note in daily life. The third chapter will showcase real-world examples of how Emergency Department Stroke Progress Note can be effectively utilized in everyday scenarios.
  5. In chapter 4, this book will scrutinize the relevance of Emergency Department Stroke Progress Note in specific contexts. The fourth chapter will explore how Emergency Department Stroke Progress Note is applied in specialized fields, such as education, business, and technology.
  6. In chapter 5, the author will draw a conclusion about Emergency Department Stroke Progress Note. This chapter will summarize the key points that have been discussed throughout the book.
- The book is crafted in an easy-to-understand language and is complemented by engaging illustrations. It is highly recommended for anyone seeking to gain a comprehensive understanding of Emergency Department Stroke Progress Note.

<https://staging.conocer.cide.edu/public/publication/HomePages/Les%20Contes%20Perdus%20Du%20Helam%20Lhistoire%20Diboli.pdf>

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