

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

Xiaolong Qi

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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The OTA's Guide to Documentation Marie Morreale, 2024-06-01 The bestselling newly updated occupational therapy assistant OTA textbook The OTA's Guide to Documentation Writing SOAP Notes Fifth Edition explains the critical skill of documentation while offering multiple opportunities for OTA students to practice documentation through learning activities worksheets and bonus videos The Fifth Edition contains step by step instruction on occupational therapy documentation and the legal ethical and professional documentation standards required for clinical practice and reimbursement of services Students and professors alike can expect the same easy to read format from previous editions to aid OTAs in learning the purpose and standards of documentation throughout all stages of the occupational therapy process and different areas of clinical practice Essentials of documentation reimbursement and best practice are reflected in the many examples presented throughout the text Worksheets and learning activities provide the reader with multiple opportunities to practice observation skills and clinical reasoning learn documentation methods create occupation based goals and develop a repertoire of professional language Templates are provided to assist beginning OTA students in formatting occupation based SOAP notes and the task of documentation is broken down into smaller units to make learning easier Other formats and methods of recording client care are also explained such as the use of electronic health records and narrative notes This text also presents an overview of the initial evaluation process delineating the roles of the OT and OTA and guidelines for implementing appropriate interventions New in the Fifth Edition Incorporation of the Occupational Therapy Practice Framework Domain and Process Fourth Edition and other updated American Occupational Therapy Association documents Updated information to meet Medicare Part B and other third party payer requirements Revised clinical terminology on par with current trends Added examples from emerging practice areas Expanded tables along with new worksheets and learning activities Included with the text are online supplemental materials for faculty use in the classroom this includes access to supplemental website worksheets learning activities and scenario based videos to practice the documentation process

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Brooks, Danielle LaFleur Brooks, 2013-08-07 Focusing on basic word building skills Basic Medical Language 4th Edition provides the foundation of medical vocabulary you need to communicate with other health care team members It explains a carefully selected group of suffixes prefixes and word roots to give you a basis for learning and understanding hundreds of medical terms Clear illustrated lessons present terms by body system introducing word parts and providing exercises that ask you to define terms or combine word parts to create terms Written by expert educators Myrna LaFleur Brooks and Danielle LaFleur Brooks this text also simplifies medical terminology with online learning activities games and quizzes Over 200 flash cards packaged free with the text make it easier to memorize terms Clear conversational approach makes it easier to learn and understand medical terminology Integrated exercises test your knowledge and provide instant feedback on your progress Time Out review sections are included after every four chapters to provide the opportunity to review material at regular intervals Evolve resources include activities games an audio program a 5 000 term English Spanish med term glossary and gradable e mailable quizzes FYI boxes offer practical information and interesting med term facts NEW terms and definitions keep you up to date with the latest healthcare procedures and advances NEW electronic health record documents provide exposure to the EHRs you will encounter in practice NEW and updated illustrations show difficult terms and procedures more clearly NEW Gradable exercises on the Evolve companion website allow quick assessment of your understanding and can be easily e mailed to instructors NEW list of error prone abbreviations identifies abbreviations that should NOT be used in the clinical setting

Study Guide for Medical-Surgical Nursing - E-Book Adrienne Dill

Linton, Mary Ann Matteson, 2022-05-05 Questions arranged by level of difficulty move from simple recall to more difficult exercises designed to help you apply analyze and synthesize basic concepts Alternate format questions include multiple response labeling prioritizing ordering and calculation questions to help you practice for the NCLEX PN Review questions on care for older adults focus on long term care and community based settings asking you to apply content to real world practice Additional review questions are provided on the Evolve website for the textbook NEW Next Generation NCLEX format questions help you review and practice for the new licensure examination NEW Case studies in the clinical chapters allow you to develop skills in clinical judgment NEW Updated exercises and review questions match the new content in the textbook and cover newly approved pharmaceutical treatments and drugs

Medicare Institute of Medicine, Committee to Design a Strategy for Quality Review and Assurance in Medicare, 1990-02-01 Volume II of Medicare A Strategy for Quality Assurance provides extensive source materials on quality assurance including results of focus groups with the elderly and practicing physicians findings from public hearings on quality of care for the elderly and many exhibits from site visits and the literature on quality measurements and assurance tools The current Medicare peer review organization program and related hospital accreditation efforts are comprehensively described as background for the recommendations in Volume I of this report Like the companion volume this substantial book will be a valuable reference document for all groups concerned

with quality of health care and the elderly **Long-Term Care Medicine** Pamela Ann Fenstemacher, Peter Winn, 2010-11-23 Long Term Care Medicine A Pocket Guide lessens the uncertainty involved in caring for patients in a long term care facility This practical pocket guide is divided into four sections Introduction Common Clinical Conditions Psychosocial Aspects and Special Issues in Long Term Care The chapters address all the varied components of the LTC system as well as how to take care of the patients and residents living within it The contributors to this easy to read guide are passionate about LTC and many have worked within the American Medical Directors Association to create and disseminate a knowledge base for practitioners Long Term Care Medicine A Pocket Guide is an invaluable resource for clinicians practitioners and educators who are seeking to optimize the care and living experience of residents in LTC by providing resident centered care as well as resident choice well being dignity and an improved quality of life **Nursing Homes** William J. Scanlon, 2000-04 Assesses the effectiveness of 1 state complaint investigation CI practices as a component of the system to ensure sustained compliance with federal nursing home quality of care standards state auditors reports from 11 other states were examined HCFA s policies procedures for overseeing state CI activities were also examined Charts tables Departments of Labor, and Health and Human Services, Education, and Related Agencies Appropriations United States. Congress. Senate. Committee on Appropriations, 2007 Fundamentals of Stroke Care Adolph L. Sahs, Elizabeth C. Hartman, 1978 **Practical Predictive Analytics and Decisioning Systems for Medicine** Gary D. Miner, Linda A. Miner, Mitchell Goldstein, Robert Nisbet, Nephi Walton, Pat Bolding, Joseph Hilbe, Thomas Hill, 2014-09-27 With the advent of electronic medical records years ago and the increasing capabilities of computers our healthcare systems are sitting on growing mountains of data Not only does the data grow from patient volume but the type of data we store is also growing exponentially Practical Predictive Analytics and Decisioning Systems for Medicine provides research tools to analyze these large amounts of data and addresses some of the most pressing issues and challenges where data integrity is compromised patient safety patient communication and patient information Through the use of predictive analytic models and applications this book is an invaluable resource to predict more accurate outcomes to help improve quality care in the healthcare and medical industries in the most cost efficient manner Practical Predictive Analytics and Decisioning Systems for Medicine provides the basics of predictive analytics for those new to the area and focuses on general philosophy and activities in the healthcare and medical system It explains why predictive models are important and how they can be applied to the predictive analysis process in order to solve real industry problems Researchers need this valuable resource to improve data analysis skills and make more accurate and cost effective decisions Includes models and applications of predictive analytics why they are important and how they can be used in healthcare and medical research Provides real world step by step tutorials to help beginners understand how the predictive analytic processes works and to successfully do the computations Demonstrates methods to help sort through data to make better observations and allow you to make better predictions *Medicare and*

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