UC DAVIS HEALTH | Center for Professional Practice of Nursing

Acute Stroke Patient Care and Documentation for Interventional Radiology	
Name:	**Employee ID #:**
Unit:	**Title:**
Due Date:	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
These skills will be considered complete when all below performance criteria are completed and pages 1, 2, and 3 have been scanned and emailed to: cppn@health.ucdavis.edu	

Acute Stroke Patient Care and Documentation for IR #DAHS-NSCASPCIR25	Date	Verifier Initials
References: 1. UC Davis Health Policies: 15017, 15019, 15020, 5019, 18001, 15015, 15021, 15014 2. Joint Commission National Quality Measures- Stroke STK and CSTK measures 3. Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association 4. Care of the Patient With Acute Ischemic Stroke (Prehospital and Acute Phase of Care): Update to the 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 5. Care of the Patient With Acute Ischemic Stroke (Endovascular/Intensive Care Unit-Postinterventional Therapy): Update to 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 6. UCD Stroke intranet page 7. 2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association 8. 2023 Guideline for the Management of Patients with Aneurysmal Subarachnoid Hemorrhage 9. AANN Nursing Care of the Patient with an Aneurysmal Subarachnoid Hemorrhage 10. Lumbar drain protocol: https://ecrc.ucdmc.ucdavis.edu/document-viewer		
Background and Process		
Describe signs and symptoms of stroke.		
Describe the stroke alert process and discuss nursing interventions during a stroke alert. Review what tasks can be delegated.		
Describe pathophysiology of acute ischemic stroke, intracerebral hemorrhage and subarachnoid hemorrhage		
Discuss Joint Commission certification and stroke measures: • Record timeout, first pass time, and TICI score • Upload consent as appropriate • Discuss goal times for door to first pass for transfers and ED arrivals		
Patient Care		
Review placement, deflation, removal and documentation requirements for TR band. Policy 5019 attachment 3		
Educate patient and/or family on upcoming procedure, what to expect before and after, as appropriate.		
Demonstrate neurologic assessment.		
Ischemic Stroke Patient Care and Documentation- IR		
Explain interventions for acute ischemic stroke.		
Describe blood pressure goals with or without ischemic stroke interventions and review complications post ischemic stroke with and without intervention.		

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Acute Stroke Patient Care and Documentation for IR #DAHS-NSCASPCIR25 continued	Date	Verifier Initials
Review preparation process for thrombectomy patients.		
Review neurologic changes requiring MD notification and the process of notifying MD for an emergent issue		
Demonstrate acute ischemic stroke documentation: Neuro checks, vitals, sheath site, sheath pull time, pulse checks, and education		
Intracerebral Hemorrhage Stroke Patient Care and Documentation- IR		
Describe pathophysiology of acute hemorrhagic stroke.		
Explain interventions and complications for acute hemorrhagic stroke.		
Review anticoagulant, antithrombotic and antiplatelet reversal agents.		
Demonstrate hemorrhagic stroke documentation: vitals, neuro checks		
Subarachnoid Hemorrhage Stroke Patient Care and Documentation- IR		
Describe pathophysiology of acute subarachnoid hemorrhage.		
Explain interventions and complications for subarachnoid hemorrhage.		
Review blood pressure goals and management for subarachnoid hemorrhage patients.		
Demonstrate post intervention documentation for subarachnoid hemorrhage: Neuro checks, vitals, sheath site, pulse checks		

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SIGNATURE PAGE:		
Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:		
Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Name:	**Signature:**	**Date:**

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