

SJMH Emergency Department Policy

SJMH Emergency Observation Center Operations: Transient Ischemic Attack (TIA)

Department of Emergency Services

Policy Number P 4.1

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Reviewed Date:

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Policy

The policy is intended for TIA patients admitted to the EOC to outline initial patient management and disposition considerations.

OVERVIEW:

1. The Emergency Observation Center (EOC) is a section of the Emergency Department for extended evaluation of emergency patients.
2. The EOC is staffed by emergency department RNs with on-site support and supervision by emergency physicians.

INTAKE:

On arrival to the EOC, the RN will:

- Place patient on cardiac monitor.
- Enter patient data into central monitor.
- Review the emergency department chart.
- Re-check vital signs and perform neurological assessment. Initiate nursing protocol for monitoring and documenting vital signs every 4 hours.
- Review physician order sheet and initiate orders.
- Enter patient's data into electronic data base and into patient log.
- Send a cardiac lipid profile
- Send a hemoglobin A1C on patient with known diabetes

MONITORING AND EVALUATION

1. All EOC – TIA patients will be monitored for rhythm disturbances. Any acute rhythm disturbance or unstable rhythm will prompt an evaluation by the emergency physician.
2. The clinical status of the patient will be monitored by the EOC RN. Any change in the clinical status, including onset of new symptoms, will initiate prompt evaluation by the emergency physician.
3. The EOC RN will notify the emergency physician immediately if any test results are abnormal. The EOC RN will also notify when all imaging studies and consultations are completed, and the patient is ready for disposition.
4. The EOC RN will also contact the consulting neurologist with test results.

MEDICATIONS

1. Certain medications will be automatically ordered for TIA patients and can be given by EOC nurses per protocol, unless the patient has an allergy. These medications include aspirin 325mg orally daily, acetaminophen 650mg orally every 4 hours as needed, Maalox 30mL orally every 4 hours as needed, and nicotine patch 14mg transdermal PRN if smoker.

2. If the patient has routine medications that will be necessary during their stay, these will be ordered by the emergency physician with specific dose and timing, and given by EOC nurses. Patients may not take outside medications while in the EOC.

EMERGENCY PHYSICIAN

1. The emergency physician is the only physician authorized to transfer or discharge patients from the EOC.
2. The emergency physician will respond to all emergent requests for evaluations to the EOC immediately.

CARDIAC ARREST

The emergency physician and appropriate emergency ancillary personnel will respond to all cardiac arrests.

DISPOSITION

1. The supervising emergency physician will have final responsibility for all dispositions from the EOC.
2. Admission to the hospital should be considered in the following circumstances:
 - A. Patients requiring angiography. Demonstration of a surgical lesion and patient is being considered for carotid endarterectomy.
 - B. Demonstrated need for anticoagulation.
 - C. Worsening neurological status and/or development of a completed stroke.
 - D. Any other clinical criteria which will require further evaluation beyond the scope of the EOC.
 - E. Diagnostic evaluation which will require observation longer than the expected 23-hour time frame
3. Discharge
 - A. All patients who are discharged home will have follow-up arrangements made with their primary care physician or neurologist, or with the AIM clinic if they do not have a primary physician.
 - B. Patients who have been started on an anti platelet agent will be provided with information and cautions regarding these medications.
 - C. Patients on Coumadin who have aspirin added to their therapy should be advised of the need for early close monitoring of the protime to be arranged by their primary care physician.
 - D. TIA discharge education, including risk factor modification, will be provided by the RN to the patient, and any family and/or significant other. This will be documented in the patient record.
 - E. Smoking cessation education or treatment will be provided if appropriate, and documented.
 - F. Results of lipid profile, and hemoglobin A1C (if done), will be included in discharge paperwork.

<u>Approval</u>	<u>Consultation</u>	<u>Committee/Person</u>	<u>Date</u>
Stroke Collaborative Practice Team			4.10.2007