STROKE ON THE WARD

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: FY1/2 & CT1/2

BACKGROUND:

"Stroke is a preventable and treatable disease. Over the past two decades a growing body of evidence has overturned the traditional perception that stroke is simply a consequence of aging that inevitably results in death or severe disability. Evidence is accumulating for more effective primary and secondary prevention strategies, better recognition of people at highest risk, and interventions that are effective soon after the onset of symptoms. Understanding of the care processes that contribute to a better outcome has improved, and there is now good evidence to support interventions and care processes in stroke rehabilitation."

CG68 NICE Clinical Guideline: Stroke (July 2008)

RELEVANT AREAS OF THE CMT CURRICULUM

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Geriatric Competencies

Set realistic rehabilitation targets
Recognise the role of intermediate care, and practice prompt effective communication with these facilities
INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Assessment and management of an inpatient with an acute ischaemic stroke

SCENE SETTING

Location: Elderly Care Ward / Medical Ward
Expected duration of scenario: 15 mins
Expected duration of debriefing: 30 mins

EQUIPMENT AND CONSUMABLES

SimMan3G
I.V. Cannula
Drug Chart
Image: Normal CT Head
Knee aspirate microbiology
Observations chart with temperatures
Patient wrist band
Clerking booklet with INR result

PERSONNEL-IN-SCENARIO

FY1
CT1/2
Nurse (faculty)
Thrombolysis nurse co-ordinator (faculty)
Daughter/Son

PARTICIPANT BRIEFING

You are on call at the weekend and are asked to see Hubert Jones, 74yo man admitted with septic arthritis on intravenous antibiotics. He is normally fit and lives independently. He has a history of type 2 diabetes recently diagnosed by his GP and hypertension. The nurse has called you because she has noticed slurred speech and he does not appear to be moving his left arm. Please could you go and assess him, the clerking notes are available.
FACULTY BRIEFING

‘VOICE OF THE MANIKIN’ BRIEFING

You are Hubert, 74 year old man being treated with intravenous antibiotics for septic arthritis of the knee. You have been on the ward for 4 days, and have been making a good recovery – you were starting to feel better, although since your knee is still painful, you haven’t been walking on it at all.

30 minutes ago you noticed difficulty in pronouncing words and moving your right arm. You have not noticed any change in your vision. You were fine 30 minutes ago at your last meal. Your have not noticed any change in the sensation in your face, legs or arms. You have not tried to walk because you knee is sore. You have recently started Metformin for type 2 diabetes and take blood pressure tablets. You are not allergic to anything that you know of. No one in your family has had a stroke. You have noticed palpitations over recent days while your knee has been painful. You drive, you live with your wife who is dependent on you. You are very anxious about the sudden difficulty in speaking and moving your arm, and want to know what’s happened. Nothing like this has happened before. You’ve never had any trouble with your heart in the past. You have not had any falls, banged your head, or had any recent surgery.

IN-SCENARIO PERSONNEL BRIEFING

Patient’s relative (Son or Daughter) – you have been sitting with your father on the ward for about a hour, and were there whilst he ate his lunch. He had no problems when you first arrived, but over the last 30 minutes, you’ve noticed that his speech has become slurred, and that he can’t move his right arm. You are understandably concerned about this. You have alerted the nurse. You are aware that your father has high blood pressure, and type 2 diabetes, but he is normally fit and well. You were hoping that since he had been recovering so well from his infected knee, he would be coming home this afternoon, or at the latest tomorrow morning.

Difficulty Level:

Easy difficulty:
You are concerned, but calm and helpful. You are able to give his history clearly, and if the participant needs prompting, you can mention that you saw the FAST advert on TV and it reminds you of what is happening to your father now. You are accepting and understanding of the situation if the participant explains it to you clearly and sensitively.

Normal difficulty:
You are concerned, agitated, and upset, you pace around the room, constantly asking questions, such as: what’s happening now? Why aren’t you doing anything? What’s wrong with my father? You can give a full history if asked. You will not leave the room if asked to. You are disruptive, and get in the way.

After initial assessment by participant +/- call to thrombolysis team, CT head must be requested by participant, over phone to radiographer (who asks for an indication, how can the patient travel, how urgent is the scan, can it be done tomorrow?, but is helpful if the participant is persistent). Once the CT head has been ordered, the participants need to arrange for the patient to travel to CT. If they have rung the thrombolysis team, then they will take the patient down, otherwise they can ring for the porters, but should offer to travel with the patient.

Radiographer –
Asks for an indication, how can the patient travel, how urgent is the scan, can it be done tomorrow? Does the patient need medical personnel to escort? However, is helpful if the participant is persistent.

Stroke thrombolysis nurse –
Responds via phone to room if “Stroke thrombolysis call” has been put out via the hospital switchboard. If they are available, then they can join in the scenario 5 minutes after they are
requested, if not, they state that they are at a thrombolysis call in A&E Resus, and will be 15 minutes, but that the participant should organise for an urgent CT Head, and ring the Stroke Physician/Stroke Registrar.

Medical Registrar – if called –
Ask the participant to organise for a CT head, and call the thrombolysis team. If asked about the fast AF – advise to give IV digoxin stat. You will come and review the patient if asked, but it will take you 15 minutes to get to the ward, as you are with a sick patient.

Stroke Physician/Registrar –
You ask for the CT head to be organised, and ask to be rung again once the result is available. You would normally come to see the patient, but are busy with a patient in A&E Resus

ADDITIONAL INFORMATION

Drug History:
NKDA
IV flucloxacillin and clindamycin (or as per trust guidelines for septic arthritis
Metformin 500mg BD
Ramipril 5mg OD
Amlodipine 5mg OD
CONDUCT OF SCENARIO

LOW DIFFICULTY

Initial Settings, monitoring not attached
A: Patent
B: RR 22, SpO2 97%
C: HR 100 Atrial fibrillation, BP 150/80
D: BM 14, PERLA, Alert
E: Knee bandaged (left knee), Slurred speech
Patient’s relative is helpful, or not present

EXPECTED ACTIONS & CONSEQUENCES
• Recognise stroke
• Call stroke thrombolysis team
• ECG monitor – recognise AF
• Bloods for clotting, cholesterol
• Digoxin for rate control
• Organise for CT head

PREPARING TO TRANSFER TO CT
A: Patent
B: RR 16, SpO2 97%
C: HR 130 if rate control given Atrial fibrillation (normal difficulty), BP 150/80

EXPECTED ACTIONS
• Organise for transfer from ward to CT
• Inform stroke thrombolysis team if not present
• Offer to transfer to CT with patient
• Explain what is happening to the relative +/- patient

RESOLUTION:
Patient ready to be transferred
Relative aware of situation
Stroke thrombolysis team involved

MODERATE DIFFICULTY

Initial Settings, monitoring not attached
A: Patent
B: RR 22, SpO2 97%
C: HR 150 Atrial fibrillation, BP 150/80
D: BM 14, PERLA, Alert
E: Knee bandaged (left knee), Slurred speech
Patient’s relative is anxious and angry/upset

Results/Other information:
ECG – Atrial fibrillation
Hb 15
WCC 12
Ur 7
Cr 85
Na 140
K 4.8
CRP 48
INR 1.0
DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Assessment and management of an inpatient with an acute ischaemic stroke

DEBRIEFING RESOURCES

http://www.nice.org.uk/CG68

http://www.patient.co.uk/doctor/thrombolytic-treatment-of-acute-ischaemic-stroke
GERIATRIC MEDICINE > SCENARIO 10

INFORMATION FOR PARTICIPANTS

KEY POINTS

Assessment and management of an inpatient with an acute ischaemic stroke

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FURTHER RESOURCES

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http://www.patient.co.uk/doctor/thrombolytic-treatment-of-acute-ischaemic-stroke
PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?
PARTICIPANT FEEDBACK

Date of training session:........................................................................................................................................................................

Profession and grade:........................................................................................................................................................................................................

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant

Secondary Participant (e.g. ‘Call for Help’ responder)

Other health care professional (e.g. nurse/ODP)

Other role (please specify):

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Observer

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<th>Neither agree nor disagree</th>
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Please write down one thing you have learned today, and that you will use in your clinical practice.

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How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

........................................................................................................................................................................................................
FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn’t it go well?

How could the scenario be improved for future participants?