

## **COVID 19 Troubleshooting for Stroke Centers**

- Issue: What is door time when patients are screened in tents?

Use your registration time. The important thing is to continue to facilitate time sensitive care in the setting of the restrictions you are faced with the limitations of issues such as additional screenings.

- Issue: Increased time to treatment due to increased PPE and site disinfection.

The American Heart Association is working with IQVIA to add a component to the PMT to capture the impact of additional time needed for the impact of added time that is spent.

- Issue: Increased DIDO times because of ambulance availability as well as increased focus on decontamination.

- Issue: Bed availability in select areas.

This is a challenge. Stroke patients with suspected COVID 19 may be placed in areas that are not familiar with acute stroke care.

- Patients delaying presentation due to COVID 19 concerns.

This is challenging and has been reported across the country. Consider using your hospital's websites and social media to continue to reinforce with people that stroke is still a medical emergency. Also, reinforce this information with your stroke patients prior to discharge.

- Patients being housed in non neuro focused units. Need to rapidly educate the nurses on exams, protocols, etc.

See the brief NIH Stroke Scale PPT, for your use to educate pertinent staff if necessary.

Attach NIHSS, Stroke article, Hopkins paper, journal articles

- Issue: Extended exposure and increased use of PPE for patients post thrombectomy or thrombolysis.

Close monitoring of the post thrombolysis or thrombectomy patient is especially challenging during this crisis period. If possible, arrange the room so that the patient faces the door. This may allow for direct visualization without entry into the room.

Discuss options for diversion from the standard for frequent monitoring after thrombolysis and thrombectomy. THIS IS VERY PATIENT STATUS SPECIFIC. For some reference point and guidance, please refer to the accompanying journal reference: Safety Trial of Low-Intensity Monitoring After Thrombolysis: Optimal Post Tpa-Iv Monitoring in Ischemic STroke (OPTIMIST).

When doing frequent monitoring, try to group medication management, assessments, and interventions to avoid any unnecessary added exposure.

- Issue: Caregivers are either limited or not allowed in the hospital

In the hyperacute phase, try to assign someone from the stroke team to connect with the family members for information from and to the staff. Consider using a paper templates source with key issues that are needed for treatment decisions and ongoing care.

During the hospitalization, stroke education may be facilitated by phone, Facetime, Skype (among others).

Consider the fact that caregivers may not have their usual support systems in place. See the Caregiver Resource.