



# ROLE OF THE STROKE NURSE

Andrea Davies RN and Tina Lacy RN  
Acute Stroke Services  
Christchurch Hospital

- The overall role of the Stroke RN is to facilitate and support patients who have had an acute stroke to receive the *right* care in the *right* place at the *right* time.

# How the Position Evolved

- ❑ The Acute stroke service ran between the two hospitals following 2011 earthquake.
- ❑ ASU was located at PMH but did not have the capacity to facilitate thrombolysis or acute care
- ❑ Following strong leadership and advocacy the Stroke Nurse role evolved.

◦ For both the patient and their families a stroke usually produces a spectrum of strong feelings that are essentially a grieving process. The person with the stroke grieves the loss of abilities, the family grieves for the loss of the “person” they knew.

# Role of the Stroke Nurse

- Completing initial nursing review of confirmed and potential stroke patients in AMAU and other outlying areas
- Providing ongoing review of outlying stroke patients as required

# How do we provide early support for the Patient/Whanau?

- Explaining what is happening
- Explaining the therapy pathway
- Discussing Potential Fatigue
- Explaining what will happen from here (where they will go, what tests etc.)

# ○ Promoting best practice/Acting as a resource within the wards for patients with Acute Stroke

- Aspirin if no bleed on CT
- BP management
- BSL monitoring
- Temperature monitoring
- Oral Hygiene
- Mobilisation
- Serial ECGs
- Etc.....

# Performing dysphagia screening

- All stroke patients should be NBM until swallow screened
- We can screen all stroke patients who are alert and don't have a history of dysphagia
- We initially assess voice quality and the tongue
- Followed by cough reflex testing
- Then observing for overt signs of aspiration



**Initiating / promoting timely referrals to the MDT within AMAU and other outlying areas.**



# Providing health education to the patient with stroke / TIA and their family / whanau.

- Type of stroke
- Risk Reduction
- Medications
- FAST
- Driving Restriction
- Fatigue
- Stroke Foundation
- CSRS/CREST



# Case Study – Mr R

- 60 year old
- Hx – DVT post surgery 2 years ago (on warfarin for 6 months), anxiety.
- Sudden onset of R)leg weakness, R)arm incoordination, R)facial sensation changes – **1305**
- Arrival ED **1345**
- **CT 1445**
- Bolus two hours post stroke
- Infusion commenced 1515
- Stroke Nurse RN special 12hours
- Nil complications
- Pt's symptoms completely resolved. Discharged home, no follow up.

# Role of the Stroke Nurse

- Facilitating the pathway for patients potentially requiring thrombolysis.
- Administering the Thrombolysis
- Providing nursing care and monitoring to the patient post administration
- Providing reassurance and emotional support to patients and their families

**The aim of treatment after the initial stage of stroke is rehabilitation – that is restoring the person with the stroke to their greatest potential and maximum independence**

# How to contact us

- We work 7 days a week, 0645-2300
- We can be reached through the operator or by pager 8086

We are more than happy to provide support, give advice, answer questions etc so please feel free to contact us

Thank you

Questions?