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### **Authorizing Prescriber(s)**

Stroke Prevention Clinic Physicians

### **Authorized to Whom**

Registered Nurses (RNs), working in the Stroke Prevention Clinic (Post Acute Specialty Services Program) at Lakeridge Health. The RN will demonstrate an understanding of the diagnostic test ordered and the importance of the test related to patient diagnosis of suspected Stroke or Transient Ischemic Attack (TIA).

The RNs working in the Stroke Prevention Clinic (SPC) are required to complete the Medical Directive mandatory education and quiz annually and achieve a passing grade of greater than or equal to 80%.

### **Patient Description/Population**

All new patients referred to the SPC.

### **Order and/or Procedure**

The RN will review every new referral to the SPC for completion of the required diagnostic investigations. If the diagnostics have not already been completed, the RN will implement the SPC Medical Directive and complete the requisitions for the outstanding diagnostics.

Required investigations for patients referred to the SPC, prior to the initial clinic visits include:

- Computed Tomography of the Head
- Carotid Doppler Ultrasound
- Laboratory Tests: complete blood count, blood urea nitrogen, carbon dioxide, creatinine, glucose, serum chloride, serum potassium, serum sodium, international normalized ratio (INR), glycated hemoglobin test (HgB A1C), total cholesterol, lowdensity lipoprotein (LDL), high density lipoprotein (HDL), and triglycerides



## **Indications to the Implementation of the Directive**

A referral to the SPC with documented symptoms suggestive of a Stroke or TIA. Symptoms may include: hemibody motor weakness or sensory loss (numbness), speech difficulty, clear monocular or hemifield vision loss, bilateral vision loss or double vision, sudden unilateral incoordination or sudden imbalance, other focal neurological symptoms suspicious for Stroke or TIA.

## **Contraindications to the Implementation of the Directive**

The Medical Directive will **not** be implemented in the following circumstances:

- Lack of patient consent.
- Patient refuses treatment.
- Diagnostic testing has already been completed/or arranged by referral source/site.

## **Consent**

Consent will be obtained by telephone or in person with the patient or substitute decision maker. The RN initiating the Medical Directive will obtain consent and document in the electronic record.

## **Documentation Requirements**

In addition to standard documentation practices, the RN implementing this medical directive must document the following in the SPC electronic record:

- The investigations ordered (e.g. Computed Tomography of the Head, Carotid Doppler Ultrasound, Laboratory Tests)
- The name of the medical directive
- The name of the implementer
- Legible signature of implementer, including credentials

For example,

Computed Tomography of the Head requisition completed as per Stroke Prevention Clinic Diagnostic Testing Medical Directive, B. MacDonald RN

**Or**

Computed Tomography of the Head, Carotid Doppler Ultrasound and Laboratory Test requisitions completed as per Stroke Prevention Clinic Diagnostic Testing Medical Directive, B. MacDonald RN

## **Review/Evaluation Process**

The medical directive will be reviewed every two years by the Patient Care Manager of the SPC, in collaboration with the SPC Physicians and RNs.



References

Canadian Best Practice Recommendations for Stroke Care, Fourth Edition. Lindsay MP, Gubitz G, Bayley M, Phillips S (Editors) Heart and Stroke Foundation.

Ontario Stroke Network (OSN) Ambulatory Care Triage Algorithm for Patients with Suspected or Confirmed Transient Ischemic Attack (TIA) or Stroke.

Approvals and Signatures

<b>Sponsor/Owner Group</b>	_____	_____
	Name	Program
<b>Contact</b>	_____	_____
	Name	Position/Title

<b>Department Chief</b>	_____	_____	_____
	Name	Signature	Date
<b>Medical Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Program Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of IPPC</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of NPPC</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of P &amp; T</b>	_____	_____	_____
	Name	Signature	Date
<b>Final Approval Chair of MAC</b>	_____	_____	_____
	Name	Signature	Date



<b>Authorized By</b>	_____	_____	_____
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