In this episode, we discuss nursing care and the big three - strokes, STEMI’s, and sepsis. Please note, this episode was recorded in January 2017, and the latest evidence at that time. The best practices surrounding treatment of these evolve continually and we encourage you to ensure you’re referring to the latest evidence and facility policy while providing patient care.

STEMI

- *ST-elevated Myocardial Infarction*
- [American Heart Association - Recommendation for Criteria for STEMI Systems of Care](#)
- Symptoms - a non-exhaustive list
  - Chest pain
  - SOB
  - Diaphoresis
  - Atypical symptoms (back or epigastric pain)
- STAT 12-lead will confirm and is required
- Time to diagnosis to intervention is critical
- Notify MD immediately for them or cardiology to review ECG; notify cath team/rapid response
- Need a working IV, preferably 2 and get them on a monitor and full vitals
- MONA is mentioned (morphine – oxygen – nitroglycerin – aspirin) but is not a hard and fast rule
- May give a beta blocker and/or heparin
- Goal to get to cath lab as fast as possible to stent/restore myocardial blood flow
- Time is of the essence!

Stroke

- *Ischemic and hemorrhagic*
- [American Stroke Association Guidelines and Statements]
- Time is brain, people!
- Various scales to measure signs/symptoms at different points of contact
  - NIHSS, FAST, Cincinnati Stroke Scale
- Symptoms - a non-exhaustive list
  - Arm drift
  - Slurred speech
  - Facial droop
- Blood sugar and vitals first - hypoglycemia can mimic stroke
- Get nursing help! Rapid response, charge nurse, notify MD
- Last known normal time is critical if you’re getting a history from the family/loved ones
- Patient will need a CT – transport them yourself, do not wait for transport
- Patient should be on a monitor with frequent vital
- Neurologist/MD should be evaluating if the patient is a candidate for tPA and/or intervention (like a thrombectomy)
  - [This is a really great resource](https://www.americanstroke.org/guidelines-and-statements) from the American Stroke Association and American Heart Association, containing stroke treatment standard of care, tPA criteria, and information on mechanical thrombectomies
- Very important to know blood pressure! May need to decrease it to qualify for tPA
- If you’re not sure – get another set of experienced eyes on the patient, STAT!

More neuro resources

**FreshRN Podcast episodes specifically related to neuro:**

**NRSNG Podcast Episodes specifically related to neuro:**

**Neuro-specific blog posts:**
- [Nursing Considerations for 3 Neuro ICU Meds](https://www.nursingstudentpodcast.com/post/considerations-for-3-neuro-icu-meds)
Sepsis

- How to Assess an Unconscious Neuro Patient Like a Neuro ICU Nurse
- Why is My Stroke Patient NPO?
- Nursing Blood Pressure Management in Stroke Patients
- Nursing Priorities for Ischemic Stroke Patients

Sepsis

- **Journal of the American Medicine Association (JAMA)** - Management of Sepsis and Septic Shock, updated February 2017
- Overwhelming immune system response to a pathogen; unable to turn down the immune system and organs are not appropriately perfused and therefore you have end-organ damage
- Recognition, timing, essential
  - Easily overlooked
- Communicate concerns to MD, bring another set of eyes in if you’re not sure
- Important points
  - Altered LOC, RR >22/min, SBP < 100 mmHg, fever
  - Labs – lactate, cultures, procalcitonin
  - Antibiotics!
- **Definition of Core Measures** - Joint Commission
- The Nurse’s Famous Last Words: “But the Doctor Said it Was Okay” - FreshRN Blog
- Sepsis Alliance - TONS of great information here!
- What Nurses Need to Know About Sepsis - FreshRN Podcast interview with two doctorate-prepared nurses who are highly experienced in sepsis