What Should I Know?

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Quick Reference for the New to Neuro or Neuro Care Unit Nurse

This quick reference represents common questions, topics and concerns voiced during orientation. It is intended to guide nurses who may be unfamiliar with the care of the neuropatient or the environment of care. Ex. Floating, travelers, new to neuro. It is not all encompassing and should be used to supplement the care unit's information.

GENERAL KNOWLEDGE	
Nursing Structure: Who are the "Go To" Leadership	Who do you go to for unit questions, issues, concerns? Nurse Manager? Charge Nurse? Preceptor
Communication structure?	Chain of resolution process. What to do if you have an unaddressed concern. Communication systems, report times, bedside report? Team rounding nursing attendance & role - family included in rounds? Family communication/visitation?
Emergency Response	Code, Fire, Security, Rapid Intubation, Seizure, Neuro Emergencies
Travel with Patients	Procedure - Who travels that require nurse presence on transport? App/MD presence required?
Resources – Collaborative team	Who are my team members? Physician/APP team? Rounding times. Nursing assistants? Availability , Roles and responsibilities? Collaborative teams available: Respiratory therapy, PT, OT, Speech, Pharmacist, Social Worker, Case Management, Chaplain, EEG Tech/reading room

PLAN YOUR DAY	
Receiving & Giving Report	Unit culture, expectations about info delivered. *EX. Bedside handoff neuro assessments*
Report Examples	Patient history, current concerns, neuro exam/vital signs, risk for deterioration? Isolation status. Current goals of care. Medication management, swallow screen results (if applicable), hemodynamic goals, lines, drains, monitoring used, family spokesperson.
Neuro Exam Report	Report should always include detailed info about the neuro exam. Is patient at risk for deterioration? What to watch for? Is it neuro exam the same as the previous nurse's findings? Any interventions, testing etc. How often is the exam performed? *Always report any suspected changes or questions about findings to the charge nurse or designated staff.*

MORE ON REVERSE SIDE

Considerations for abbreviated neuro exam	*IIf you are unfamiliar with the exam,ask a nurse to demonstrate at the bedside.* Use the Glasgow Coma Scale as a partial guide for the exam if you are unfamiliar. Report any suspected changes **LOC:** what stimulus does it take to wake the patient?-Voice, louder voice, touch, pain? Stays awake /engaged during the exam? **Content of consciousness:** oriented to person, place, time, speech: clear vs. garbled, word finding, attentive, obeys commands? **Movement:** obeys commands or needs pain to move. Use the motor response scale to score. Reflexive abnormal movements- decorticate, decerebrate (rigid flexion or extension to painful stimuli). **Cranial nerves:** pupil checks, device used. Extraocular exam if pt. need, facial droop? **Gag (if appropriate), swallow:** (if not performed on admission or patient change / extubation). Please note: every stroke patient needs a swallow screen before any PO intake, including meds.

GENERAL CARE

Safety Care	**Mobilization plan:** Can patient be mobilized, HOB orders. **Devices:** Review specialty bed, medical devices, monitors,drains etc. if unfamiliar with use. **Restraint policy, behavior plan?** Documentation standards? **Swallow screen status, dietary need? Can aide help feed?** **Skin:** Repositioning practices, wound nurse available? EEG lead check, dressing management.
Change in level of care / Discharge home	**Plan?** Case management role? **Documentation** requirements **Report**/pass off structure
Post Op Admissions	**Report** from OR/procedure- Ask provider about deterioration risk? Will patient need immediate post-op scans? **Post Op Care**- Neuro exam (specific to neuro diagnosis & treatment), vital sign intervals, pain management, wound care, who is first call for concerns.
General Admission	**Expectations?** Is there a report from sending team? admission documentation? Order writing responsibilities, testing?