NYC HEALTH + HOSPITALS/ELMHURST
79-01 BROADWAY ELMHURST, N.Y. 11373
NEUROLOGY
POLICY AND PROCEDURE MANUAL

SUBJECT: Admission and Discharge Criteria to Acute Stroke Unit		**Index No.:**
Status:	☐ **New** ☒ **Revised**	**Date Issue: 4/98** **Date Revised: 9/98, 11/98, 1/01, 7/04, 3/10, 3/18, 7/22** **Date Reviewed: 1/03, 6/04, 12/08, 2/09, 12/12, 11/14, 12/15, 11/16, 3/17, 7/20, 1/21, 7/22**

PURPOSE: The purpose of the unit is to provide highly skilled and intensive medical and nursing care and coordination of interdisciplinary professional services for patients diagnosed as having a cerebrovascularaccident (stroke), any type of acute intracranial bleeding, or who deteriorate neurologically and are not appropriate admissions to the intensive care unit.

DESCRIPTION OF UNIT:
The Acute Stroke Unit (ASU) is located within the A4 Progressive Care Unit. Patients with diagnosis ofacute stroke are admitted to a double occupancy rooms, each bed equipped with a bedside cardiac monitor, O_2, vacuum suction, clothing closet, over bed table and bedside stand, bathroom with shower, nurse call system, TV, telephone.

PROCEDURE

I. Admission Criteria

a. Acute dysfunction of CNS (cerebral hemisphere, brainstem, and/or cerebellum) due to ischemia orintracranial hemorrhage which may manifest with any of the following signs (alone or in combination): cognitive or behavioral dysfunction, visual disturbance, dysarthria, aphasia, disequilibrium, seizures, gait disturbance, motor or sensory dysfunction.

b. Patients who deteriorate neurologically and are not appropriate admissions to the intensive care unit.

c. Patients may be admitted to the Progressive Care (PC) - ASU from the Emergency Department, in- house units, or outside facilities.

d. The neurology attending and /or resident authorizes the admission of patients to the PC-ASU andphysician notifies the Bed Board

e. When the number of patients exceeds the number of beds available in the PC-ASU ,

the patient withthe highest acuity will be admitted

II. Transfer Criteria

a. Patients will be evaluated by attending neurologist in collaboration with neurology resident forcontinued suitability to remain in the PC-ASU.

b. When a patient no longer requires the close monitoring provided in the PC-ASU, and who's medicaland nursing care needs may be safely met outside the PC-ASU, the neurology attending or designeewill transfer the patient to the general neurology beds on B4 Unit, depending upon the level of care needed, or to the Rehabilitation Service.

III. Discharge Criteria

a. Discharge criteria are determined by the neurology attending in collaboration with the neurology resident.

b. Patients showing satisfactory and progressive signs of improvement, who do not require frequent medical and nursing interventions may be discharged from PC-ASU to home, Rehabilitation Service, or to an outside facility.

REFERENCES

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