Stroke Codes in the Post-Anesthesia Care Unit (PACU): Streamlining Hyper-acute Care
Leader: Kristyn Melsenti MSN RN SCRN
Yale New Haven Hospital, New Haven, Connecticut
Team Members: Sandra Badowski MSN, Karin Nystrom APRN

Background Information: Surgical procedures pose an increased stroke risk, especially in patients with underlying stroke risk factors. Approximately half of the 23,678 surgical cases performed at our institution were "same-day" surgeries, with patients discharged on the same surgery day.

Objectives of Project: The objective of our project was to optimize the stroke code process for outpatients recovering from surgery who exhibited acute stroke symptoms, warranting rapid evaluation.

Process of Implementation: An interdisciplinary committee was formed to identify and develop workflow gaps causing delays in evaluation and treatment and to streamline the diagnostic and intervention phases of acute stroke care, regardless of "inpatient" or "outpatient" status.

Statement of Successful Practice:

Results: Part 1 **Previous Outpatient Workflow**	**Barriers to Workflow efficiency**	**Solutions**
1.Transport to the ED led to delays in transport to CT, imaging read and treatment decisions	Outpatients did not have an assigned provider to easily oversee clinical decisions and enter stroke code orders	A PACU anesthesia resident was assigned exclusively to the recovery area, available to respond to codes.
2. Stroke code imaging orders for outpatients in the EMR could not be flagged by the CT technologist as "stat" for PACU outpatients.	Stroke code imaging orders used for PACU outpatients	A workaround for the ordering provider to select an EMR context allowed the order to be identified as a stat order
PACU nurses are skilled to care for post anesthesia patients with post-surgical needs	Post-operative patients needing a rapid stroke work-up in ED are in a less skilled post-surgical environment	Directing post-operative outpatients to CT and back to the PACU for continued evaluation is an optimal workflow in an acute care setting.

Implications for Advancing the Practice of Perianesthesia Nursing: We compared 8 cases in 2022 and 5 cases in 2023; we noted a trend in reduced times to imaging acquisition from 127 to 40 mins. Further data abstraction will better characterize the potential for reducing evaluation and treatment times for all PACU inpatients and outpatients.