On behalf of Dr. Carstens:  
  
Hi guys,  
  
This is a repeat of what we discussed in the meeting Wednesday, so if you were present feel free to ignore, skim, or just keep as a reference for the future.  
  
I’m very excited to share that neurosurgery wants to work with us on DVT prophylaxis so that this doesn't fall through the cracks, especially for patients discharging to rehab or SNF.  Yay! These are rough guidelines, but they should be documenting in their notes starting today.  If you have questions, please clarify with them, but make sure you read the notes first so that we don't bother them unnecessarily.  
  
Prophylactic dose heparin:  
Spine surgery - 24 hrs  
Brain surgery - 72 hrs  
  
Full dose AC or antiplatelet therapy:  
Discuss on a case-by-case basis  
  
Seizure prophylaxis:  
Trauma - 7 days  
SAH - 7 days  
Brain surgery - 7 days  
Tumor - none  
ICH - none  
  
We've had a lot of complaints regarding delays accepting patients from BHTS and losing business to BNI because it's easier (they just make one phone call instead of two). Please try to call back as soon as possible and if there is a question for the stroke/NS, don't hesitate to reach out to them after you accept the patient.  Occasionally there are inappropriate transfers, but try to pick your battles! The last thing we want is to get a reputation for "pushing back" because I know that is nobody's intention.  
  
Please use care sets for stroke and neurosurgery patients.  Try not to delete the VTE care set intentionally or unintentionally (if you put in orders using two care sets sometimes it will give you an alert that the VTE care set is a duplicate, and it's easy to delete both of them instead of just one).  Stroke patients need to be at least on SCD's by hospital day 2 or we don't meet the measure.  
  
One more thing that gets missed a lot...make sure if a stroke patient does not get a rehab consult that you document that the patient does not have deficits therefore does not have any rehab needs. It seems pretty common-sense, but it's a stroke measure and so it needs to be documented or we don't meet the measure.  
  
We have worked very hard for our Comprehensive Stroke Center designation and we want to keep it!! :)  
  
Thanks!  
Sarah