



**Guidelines for Coordination of Care between the Divisions of Neurology and
Medicine at KHSC**
With regards to Medically Complex Patients with Acute Stroke

Background: Patients who are admitted under the medicine service and experience a stroke during their hospitalization experience higher mortality without access to ASUs. In addition, without access to the specialized care on Kidd 7/ASU, they may also have longer LOS, and as well have deficits that are missed or not properly addressed.

Goal: Increase ASU utilization for patients who experience a stroke while admitted under the medicine service, with the goal of improving patient outcomes.

General Guidelines: Communication between CTU and Stroke teams is of utmost importance to determine the best service for the patient at a given time during their hospitalization. At some point during their stay, patients with a stroke should have care in the ASU.

Transfer from Medicine to Neurology

- CTU teams: will consult the Stroke service for ALL patients with suspected acute stroke.
- Stroke team: will have a low threshold to transfer to the ASU for stable patients with a diagnosis of stroke, even if concomitant active medical conditions exist
 - At the time of transfer, if there are active medical issues, the GIM consult service will co-manage the patient while they are under the care of the Stroke team.
 - NB: The GIM consult service is available 7 days/week with R4/5 GIM fellow rounding weekends/holidays.
- Patients who experience a stroke and who have an unstable medical condition and/or are in the D4ICU (e.g. Respiratory failure requiring NIV, GIB, sepsis) *should remain admitted under the medicine team* until their condition is stabilized. They can potentially be transferred to ASU one stabilized after discussion between the Stroke and CTU teams.

Stroke Care Complete: For patients who have completed their care on the ASU the following disposition guidelines apply:

- Accepted to Stroke Rehab → Await transfer to PCH on ASU
- Active medical condition → Transfer back to CTU. This decision will be made and plan coordinated by the GIM consults team
 - Examples: Endocarditis, uncontrolled hypertension, aspiration pneumonia, AKI, heart failure, etc.
- 'ALC'- for patients who have completed their stroke care and no longer have active medical issues, but who are awaiting alternate destinations, the patient will not be transferred back to CTU. They can be transferred to:
 - CTU-H