

OPTIMIST Low-Intensity Monitoring on Neuroscience Floors

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OPTIMIST What is it?



OPTIMIST is a trial comparing the effects of *different intensities* of nursing care monitoring for patients with acute ischemic stroke without critical care needs after thrombolysis treatment



Where the term “**Low-Intensity Monitoring**” comes from!

Why does OPTIMIST matter?

OPTIMIST or Low-Intensity Monitoring post-IV Thrombolytic patients will be admitted to the neuroscience floor

Helps decompress the ICU and hopefully decompress the ED critical care bay by increasing ICU bed availability

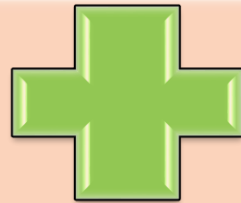
Pt's still stay under frequent monitoring for the first 2 hours post IV Thrombolytic (IV TNK) bolus

IV Tenecteplase (TNK)

IV Tenecteplase(TNK) is an IV-Thrombolytic or “clot-buster” for acute ischemic stroke patients

- Used in acute ischemic stroke with symptom onset or last known well (LKW) of < 4.5 hrs
- Given via IV bolus (rapid bolus over 5 seconds)

Who Qualifies for OPTIMIST (Low-Intensity) Monitoring?



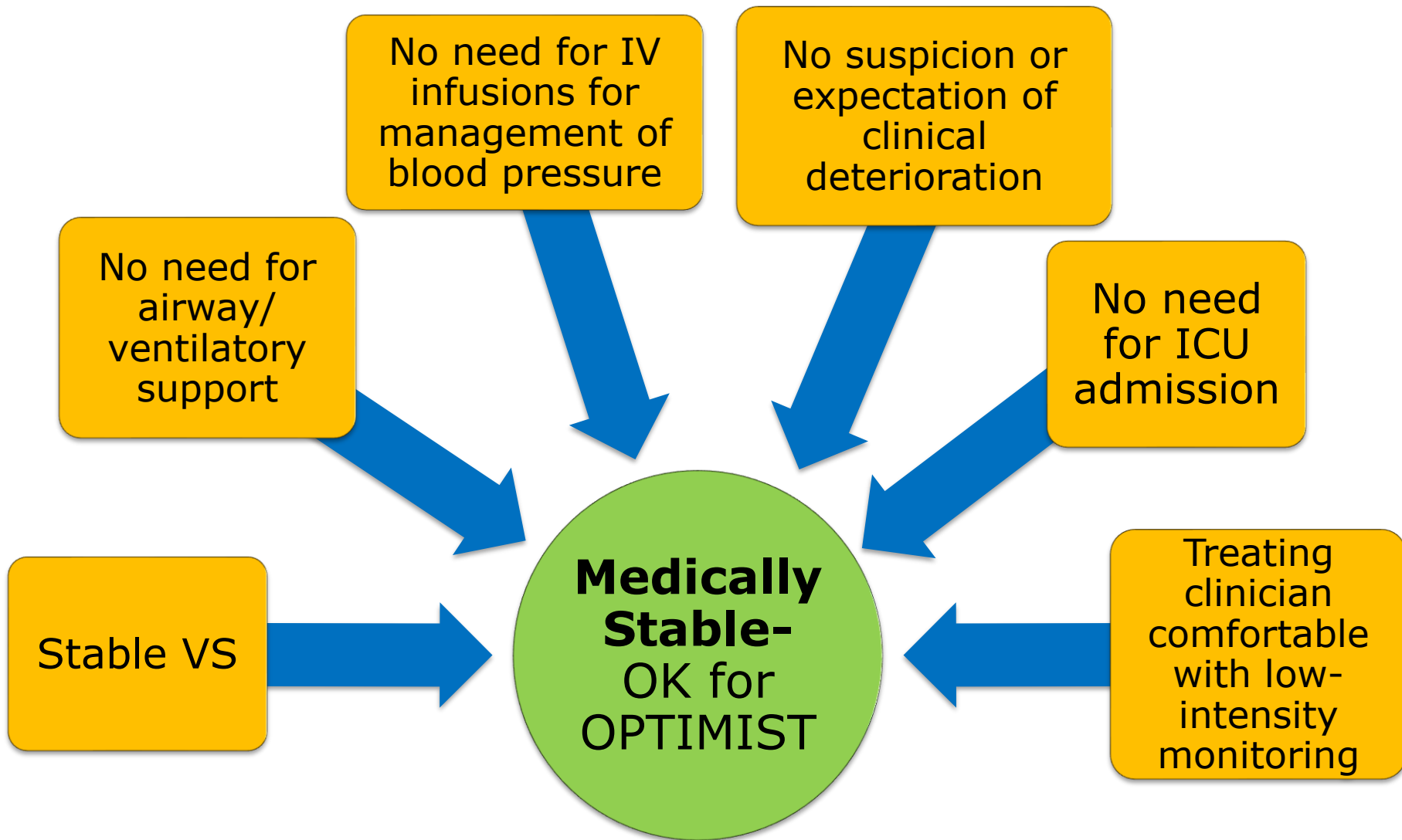
Inclusion

- Stable patients with mild to moderate stroke may qualify for low-intensity monitoring (OPTIMIST protocol) and admission to a **non-ICU** stroke unit
- Provider assessment at 90-120 minutes post-bolus of IV TNK will determine if pt is deemed **medically stable** for Low-Intensity Monitoring
- NIHSS is less than 10
- SBP <180 without multiple IV meds or IV gtt
- No critical care needs (no need for airway support/ventilator)

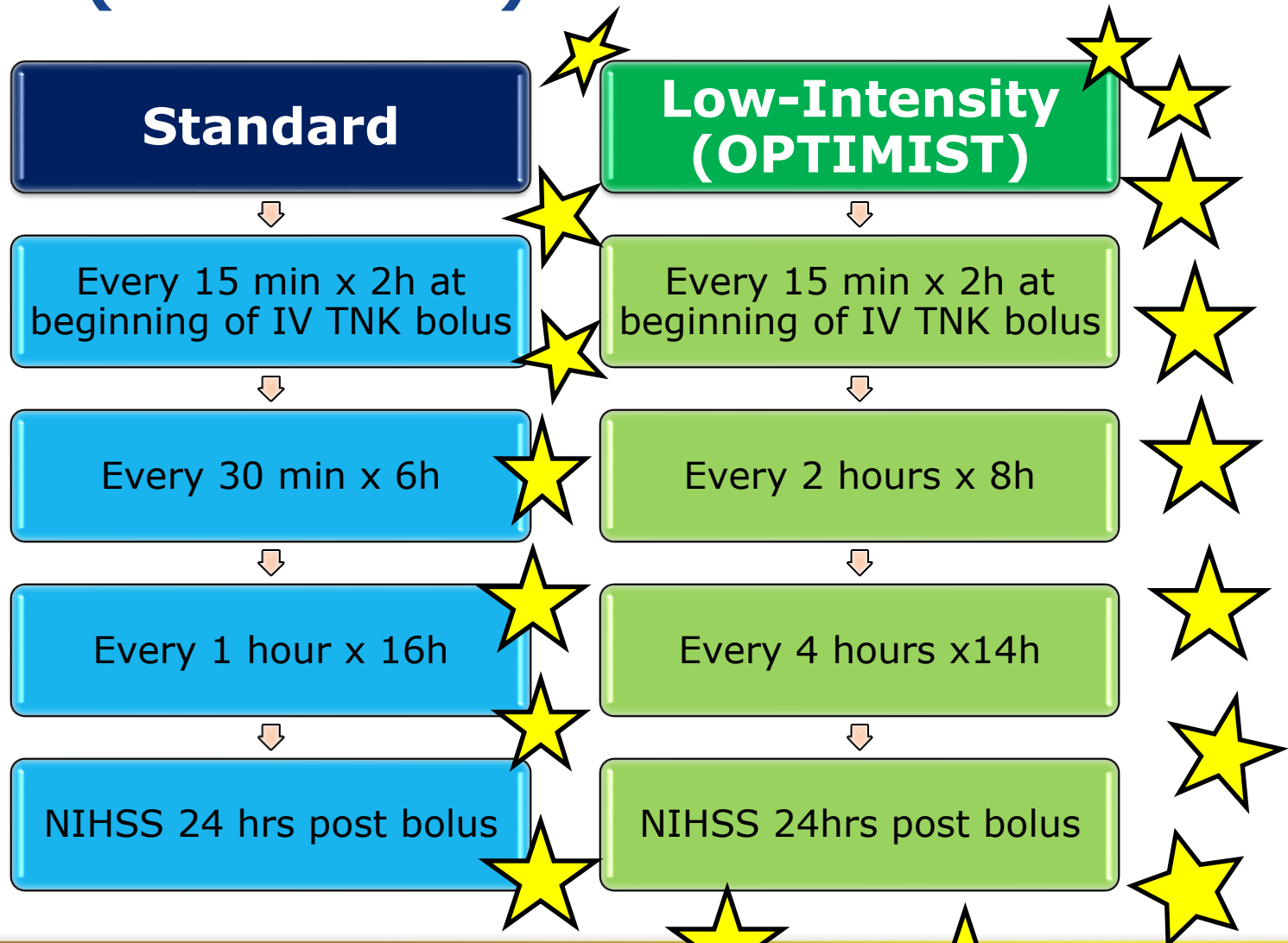


Exclusion

- Unstable VS (uncontrolled HTN, need for airway support)
- Any other contraindication or reason why provider feels patient needs higher level of monitoring



Monitoring Post IV-Thrombolytic Vitals (HR and BP) and Neuro Checks



At 24hr Post IV-TNK bolus

NIHSS to be completed

**Follow up CT or MRI
(before the start of
antiplatelet or
anticoagulant
therapy)**

Putting it All Together

The next slides will go over the flow of an OPTIMIST Low-Intensity Monitoring patient to the neuroscience floor

Helpful tips

Reasons to notify provider

Pt comes in with Acute Ischemic Stroke and is >18 y/o, LKW is < 4.5 hrs

CT scan done + Provider does NIHSS, assessment and deems pt appropriate for IV-Thrombolytic

Pt receives IV TNK via IV bolus in ED CCB

Pt gets VS + NC done Q15 for 2hrs in ED CCB

Acute Ischemic Stroke given IV-Thrombolytic and qualified for OPTIMIST Low-Intensity Monitoring flow

At 90-120 mins provider does another assessment and NIHSS

NIHSS is < 10 and provider deems pt as medically stable for OPTIMIST Low-Intensity Monitoring

ED CCB begins Low-Intensity protocol until bed is available on neuroscience floor

Pt transferred to neuroscience floor

Admission to Neuroscience Floor

Low-Intensity Monitoring Patients **can come to the neuroscience floors** they do not need ICU or step-down (*but can go to SD based on bed availability*)

OPTIMIST patients are evaluated to be medically stable for the floors and only have Q2 hr monitoring for a short period of time (sometimes the Q2 hr checks already started in the ED and the floor may only have to do a few!)

Taking Care of OPTIMIST Low-Intensity Monitoring Patient

Notify provider if any of the following:

Neuro change

Mental status change

VS outside of parameters

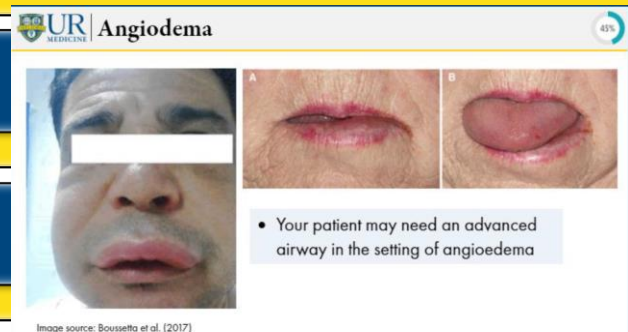
Severe headache

Nausea/vomiting

Angioedema

Notify provider for:

- SBP >180 or DBP >105
- Pulse <50 or >120
- Resp Rate <12 or >25
- Temp <36C or >38.5C
- O₂ <90%



Helpful Nursing Tips

Use your resources-
the OPTIMIST binder is
updated, checklists are
available and charge
RN can always be a
resource as well

Check to make sure
you documented the
VS/NC or filed the
VS

If PCTs are doing VS-
ensure there is good
communication of
what time the VS are
due

Refer to Policy Stat →
Policy ID 12773764 →
Section 5: Guidelines
for Management
during and after
thrombolysis Infusion

Follow the Low-
Intensity Monitoring
Protocol

Questions or Concerns

If you ever have questions/concerns about an OPTIMIST/Low-Intensity Monitoring patient that is going to be admitted or is already admitted contact:

- **Neurology**
 - **Neurology Covering Provider if 7:00am-8:00pm**
 - **Neurology On-Call if 8:00pm-7:00am**
- **Additional Resources to Utilize**
 - **Adult CRN**
 - **Neuro ICU (8.1200) Charge RN**



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