

Message from the Editor-in-Chief



Evidenced-Based Practice: From NIHSS Updates, to Stroke Navigation, Blood Pressure Measurement, and Educational Best Practices

Anne W. Alexandrov, PhD, AGACNP-BC, ANVP-BC, ASC-BC, CCRN, FAAN

This issue of *Stroke Clinician* provides exciting information to better our care of vulnerable neurovascular patients. First, in our ANVC President's Column, Alicia Richardson discusses the National Institutes of Health Stroke Scale (NIHSS), describing limitations and strengths, and providing us with new information about updates to the pictures used in assessment of NIHSS item 9, *Best Language*. Please consider downloading the new pictures available for free through the NIH's National Institute of Neurological Disorders and Stroke website.¹

We then move into the dynamic realm of stroke navigation, starting with an important guest editorial provided by Jennifer Edwards, a national leader in patient navigation who has played a key role in this process for many different chronic and complex patient illnesses. Jennifer provides us with context to the navigation process that makes clear what should be happening to support highly vulnerable patients, including stroke.

Following Jennifer's editorial are 3 important original articles detailing navigation role delineation, implementation, and outcomes in different settings across the United States. What clearly stands out is the fact that no two programs are alike. Some navigation programs are utilizing stroke nurses in the navigator role, others use social workers, and even occupational therapists; the depth of the role and the services offered also vary considerably, with some continuing to evolve, others well-established, and one providing contract services to hospitals unable to provide their own navigation programs. Comparing stroke navigation to the well-defined services Jennifer Edwards describes for oncology provides an ability to conduct a gap analysis of where we are now, and where we need to go in the future. These key articles are important editions to your stroke center libraries as you consider navigator implementation. Dr. Sarah Livesay's and Debbie Hill's Stroke Center Corner contribution further complements the



Message from the Editor-in-Chief

navigation articles in this issue and provides a wonderful overview of ways that leading stroke centers are expanding their services and their reach to patients after discharge.

Many interprofessional stroke clinicians take measurement of blood pressure for granted, often paying little attention to how values are obtained. Sadly, this results in values that are often erroneous, yet many clinicians fail to recognize this. Dr. Desiree Cihelka provides a detailed review of evidence-based blood pressure measurement methods, including an interesting history of how measurement methods have evolved into how we should be measuring blood pressure today. ANVC has included a very brief overview of this information within its NVRN, ASC, and ANVP courses for years, but Dr. Cihelka takes this to a whole new level by providing data that clearly draw into question the internal validity of most of the blood pressure research that supports how we care for stroke patients today. I encourage you to use this review article for a Stroke Journal Club event at your hospital. With the American Heart Association recently finding that most physicians and nurses today fail to utilize correct measurement techniques in practice, clearly all of us could benefit from reading this paper and discussing it with our interprofessional peers.

Lastly, Linda Sugrue's original paper presents us with information on how to effectively educate our interprofessional clinical stroke colleagues on key core metrics. Her highly innovative BRAVEST tool provides an implementation-ready process for use in all stroke certified hospitals, facilitating essential Stroke Team care processes through patient huddle discussions, name tag attachments, and more.

All our other standing columns are included as always in this issue of *Stroke Clinician*, including a Neuroimaging Case Review, Research Corner with a look at the Canadian AcT clinical trial,² to test items in our Certification Corner, and a look at the Royal University Hospital's specialized stroke unit in Saskatoon, Saskatchewan within our column titled, *In Our Stroke Unit*. We hope you will be interested in proudly sharing your specialized stroke unit with our *Stroke Clinician*'s readers in a future issue; to do so, please submit descriptive content and photos using our journal submission portal at: <https://journals.psu.edu/strokeclinician>.

We think you'll agree that this issue of *Stroke Clinician* is jam-packed with evidence-based, highly clinically relevant reading to support professional growth for both you and your colleagues. After all, "stroke patients deserve nothing less!"

References

1. National Institutes of Neurological Disorders and Stroke. [NIH Stroke Scale Updated with New Visual Stimuli | National Institute of Neurological Disorders and Stroke](#) Accessed May 5, 2024.
2. Menon BK, Buck BH, Singh N, et al.; AcT Trial Investigators. Intravenous tenecteplase compared with alteplase for acute ischaemic stroke in Canada (AcT): a pragmatic, multicentre, open-label, registry-linked, randomised, controlled, non-inferiority trial. *Lancet*. 2022 Jul 16;400(10347):161-169. doi: 10.1016/S0140-6736(22)01054-6. Epub 2022 Jun 29. PMID: 35779553.

