Change of Seasons Greetings

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

This issue of *Stroke Clinician* covers a variety of topics of interest to clinicians and researchers. Our ANVC President Alicia Richardson starts out with discussion of a new paper that I am honored to have been a co-author on, *Call to Action: A Blueprint to Change in Acute and Critical Care Nursing*.[1] While our paper focuses on the crisis facing hospital nurses, many of the issues raised are similar across different professions working in acute care settings. We challenge hospital and academic leaders, regulators, and policymakers to support important changes that will grow and strengthen healthy, safe hospital culture that will benefit all professions, and most importantly patients and their families. I encourage each of you to read this paper which is available as an open-access downloadable article (Call to action: Blueprint for change in acute and critical care nursing - Nursing Outlook), and to incorporate it in discussions with your work colleagues in hospital settings. It takes a village to produce change, but it starts by increasing awareness and dialogue.

We feature in this issue original papers that you will find useful in your practice or future research endeavors. Stanfill and colleagues describe new methods to support longitudinal collection of functional status measures in patients with aneurysmal subarachnoid hemorrhage. These patients are often difficult to follow over the course of several months, leaving gaps in data that would further our understanding of functional status over time. Schumacher presents a scoping review of glucose control in relation to outcomes from reperfusion therapy, causing us to carefully consider making glucose the 5th vital sign in our assessment and subsequent management of acute stroke patients. Tremendous gaps in knowledge exist about hyperglycemic acute stroke patients, including whether ultra-early management would make a difference, or whether chronic hyperglycemia results in permanent vascular changes that are refractory to management and improved reperfusion outcomes. Shah and Nair stay with the hyperglycemia theme, delving into the mechanisms and usefulness of glycagon-like peptide (GLP)-1 agonists. The widespread use of these agents increases the likelihood that each of us will encounter patients being treated with GLP-1 drugs for glycemic control and/or weight loss. Are you prepared to manage these patients during hospitalization? If not, this primer will be of help.

Our regular columns continue, with an interesting and challenging neuroimaging case submitted by Coote and Campbell from the Melbourne Mobile Stroke Unit in

Melbourne, Victoria Australia. While there are no clear evidence-supported answers to how this type of patient should be managed, they provide a rational way to justify reperfusion decision making when the road ahead is anything but clear.

We stay down under in Victoria for a look at the Royal Melbourne Comprehensive Stroke Center's Acute Stroke Unit. Weir's description of the unit is enough to create envy among all of us, complete with special nooks and meeting places to interact with patients and family members, and a strong interprofessional team of stroke experts. As always, we encourage you to submit your Stroke Unit in a future issue. Our portal is at: https://journals.psu.edu/strokeclinician.

We encourage you to test your knowledge with our content in the Certification Corner of the journal which will help refresh your knowledge of both acute neurovascular and neurointerventional clinical practice. We hope this section will support your passing a future ANVC certification examination. Lastly, our Research Corner examines findings from clinical trials of andexanet alfa for reversal of factor Xa inhibitor anticoagulants such as apixaban and rivaroxaban. The slow uptake of andexanet in clinical practice in the United States is concerning, fraught with explicit bias, and often caused by inappropriate interpretation of clinical trial findings. We encourage you to reflect on whether these factors limit the addition of andexanet alfa to your hospital formulary and how this might ultimately challenge restoration of hemostasis in patients with coagulopathic factor Xa inhibitor hemorrhage and potentiate liability.

As we march towards the winter months in the northern hemisphere and the summer months in the southern hemisphere, we hope that you enjoy the change of seasons and continue to expand your knowledge of evidence-based neurovascular practice #becausestrokepatientsdeservenothingless.

References

1. Curley MAQ, Zalon ML, Seckel MA, Alexandrov AW, Sorce LR, Kalvas LB, Hooper VD, Balas MC, Vollman KM, Carr DS, Good VS, Latham CL, Carrington JM, Hardin SR, Odom-Forren J. Call to action: Blueprint for change in acute and critical care nursing. Nurs Outlook. 2024 Sep 12;72(6):102271. doi: 10.1016/j.outlook.2024.102271. Epub ahead of print. PMID: 39270430.