CREDIT • VALLEY
THE CREDIT VALLEY HOSPITAL

CLINICAL PATHWAYS
STROKE
EMERGENCY/ACUTE CARE

MRP: ______________________________________

EXCLUSION CRITERIA: Cerebellar stroke - transfer to ICU

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	**Emergency Phase**		**Acute Phase**	
Date:	/ / / hrs	**V**	/ / / hrs	**V**
PATIENT OUTCOMES	Triage as L2 Onset of symptoms within 2 hours of arrival to ER? [ ] Yes [ ] No If YES, stat CT scan of head Time to CT scan <25 min. refer to CPG/Preprinted orders: Management of Acute Ischemic Stroke using TPA **If neurologist/internist not available to initiate CPG and onset of symptoms <2 hrs, transfer to Regional Stroke Center** If NO, order urgent CT of head and initiate ER Stroke order set **NOTE: DO NOT** treat hypertension unless thrombolytic therapy within 3 hours of onset of symptoms (if indicated) Reduce risk of aspiration NPO until Nursing Swallow Screening Tool passed or assessed by SLP Maintain lab levels within normal limits **Suspected etiology of stroke established** **DNR status reviewed**		Maintain blood glucose within normal limits 4-8 mmol/L Maintain VS (TPR only) within normal limits Neuro signs stable **NOTE: DO NOT** treat hypertension unless thrombolytic considered or ICH present - BP may vary. Reevaluate day 5 Patient/family participation in care Feeding method in place DNR status established **Etiological diagnosis made, recorded on Health Record** Patient/family aware of follow-up plan **Outcomes met? [ ] Yes [ ] No** **If NO, document variance in progress notes**	
TEACHING	Diagnosis and treatment plan Patient/family informed of diagnosis and treatment options/outcomes (N) _____ Informed consent obtained (N) _____ Patient Education booklet reviewed Inform patient/family of aspiration risk (N, SLP, MD) ______		Initiate "Let's Talk about Stroke" _____ Safety education ROM retraining Support services (SW) _____ Positioning Swallowing/nutrition Cognitive and/or emotional difficulties _____ Medication couselling (Pharm) _____ Communication strategies	
DISCHARGE PLANNING CRITERIA	Disposition options considered: **Clinical Indicator #1** [ ] Admission to: __________________ [ ] Transfer to: ___________________ [ ] Discharge to: __________________ With supports in place as needed - CCAC - QRP - Physician follow-up		**Clinical Indicator #2 - Pathway continued?** [ ] Yes [ ] No; if NO, [ ] Minimal Impact [ ] Catastrophic [ ] Other dx (inform MRP for alternate orders) [ ] Discharge **If minimal impact or catastrophic stroke, progress to respective pathway.** **If Rehab/Limited Rehab stroke category, progress to transition phase.** Family/patient prepared for transfer/ discharge _____ If discharge home, supports in place - CCAC - QRP - Physician follow-up	
Pathway Reviewed with Patient/Family (Initial):			_____ Yes _____ No	
Patient/Family Satisfied with Progress?			_____ Yes _____ No If NO, see progress notes	
Signatures:	__________________________ __________________________ __________________________ __________________________	Initials ______ ______ ______ ______	__________________________ __________________________ __________________________ __________________________	Initials ______ ______ ______ ______

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Phase:	Emergency Phase		Acute Phase	
Date:	/ / / hrs	V	/ / / hrs	V
INTERVENTIONS: **Assessments**	Neurovital signs q4h and prn Swallow screen and/or assessment before admin po meds., (see Screening Tool) Skin assessment, Spenco bootie prn Bowel/Bladder function History and Physical O2 Sat QRP Assessment Communication abilities Etiology of stroke Correct list of home medications Identify any complimentary therapies in use (see policy)		VS including neurovitals q4h, then tid if stable Weights on admission, then weekly Bowel/Bladder function, ROM Skin assessment daily, Spenco bootie prn Stroke Team Assessment completed by: Psychology, OT, Physio, SW, RD, Speech Pathology Assessment tools: (Score/Signature) - BARTHEL (OT) ____/____ ______________ - Modified Rankin (Nurse Clinician) ___/ _____ - Depressive Symptoms [ ] Y [ ] N (Psychol) ___/ ____ ___________ - MMSE (OT) ____/____ ________________ - Stages of Recovery (PT) ____/____________	
Consults	Internal Medicine/Neurologist SW/QRP CCAC Stroke Team order entered		CCAC Psychiatrist, Geriatrician as needed Rehab consult team where indicated Nurse Clinician - Neurology Pharmacist	
Tests	Routine blood work, CBC, lytes, creatinine, PT/INR, liver function, glucose, albumin, urine R&M Hold large purple top for Transfusion Medicine ECG CT head scan Chest x-ray (+/- portable) Bld glucose monitoring qid if initial bld glucose elevated Coagulation screen if appropriate Carotid doppler, echocardiogram or ischemic stroke		Consider repeat CT, MRI, Neuroimaging after 48 hours Consider repeat lytes, urea, creatine, albumin, INR Repeat ECG If dysphagic video fluoroscopy when appropriate	
Treatments	IV 2/3-1/3 OR Normal Saline if diabetic Pain management strategies O2 protocol Communication strategies Refer to CPG ischemic stroke		Stroke Team interventions Psychological Assessment and intervention as needed Consider antiembolic stocking if anticoagulation therapy contraindicated, until ambulatory	
Medications	If hemorrhagic stroke or atrial fib identified, treat as per MD order, all other cases EC ASA 325 mg po, if NPO ASA 650 mg supp pr IF ASA allergic or on ASA prior to stroke D/C ASA initiate Clopidogrel 75 mg po +/- Patient specific medications		Consider DVT prophylaxis if non-hemorrhagic stroke & bedridden (heparin 5,000 unit SC bid) EC ASA 325 mg po once daily, if NPO ASA 650 mg pr once daily OR Clopidogrel 75 mg po once daily - +/- laxative - +/- patient specific medications - +/- anti-hypertensive medications	
Nutrition	NPO until Nurse Swallow Screening Tool passed or SLP assessment Monitor intake		Determine method of feeding based on swallowing an RD assessment Therapeutic diet as per RD Monitor intake	
Activity/Safety	Bedrest		AAT with safety measures Ambulation assisted Limb positioning. If immobile reposition q2h Early mobilization - up in chair BID	
Elimination	Monitor output. Refer to Medical Directive: Bladder scanner		Initiate bowel and bladder retraining when appropriate for patient	

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Phase:	**Transitional Phase**	
Date:	/ / / hrs	**V**
Patient Outcomes	Maintain blood glucose within normal limits 4-8 mmol/L Vital signs including neurovitals stable Skin integument maintained Improvement in level of independence Patient/family participation in care established **All outcomes met? [ ] Yes [ ] No Initials: ________________** Document variances in progress notes	
Teaching	Stroke education as per Heart & Stroke "Let's Talk about Stroke" program ongoing Continue education as per Acute Phase and individual patient/family needs	
Discharge Planning Criteria	If patient was Limited Rehab status but condition improves, reconsider Rehabilitation **Clinical Indicator #3: Discharge disposition of the patient** [ ] Transfer to Rehab: __________________ **OR** If patient's status improves, discharge home with [ ] CCAC _______________ [ ] Outpatient services ____________ [ ] MRP follow-up: _____________ [ ] Rehab day hospital _____________ **OR** Alternative level of care determined. If ALC, LTC application completed, Social Work to arrange. [ ] ALC: _________ [ ] LTC: _________	
Pathway Reviewed with Patient/Family (Initial):	_____ Yes _____ No	
Patient/Family Satisfied with Progress?	_____ Yes _____ No If NO, see progress notes	
Signatures:	______________________________ ______________________________ ______________________________ ______________________________	Initials __________ __________ __________ __________

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Phase:	**Transition Phase**	
Date:	/ / / hrs	**V**
INTERVENTIONS: **Assessments**	Cognitive level Emotional assessment Family assessment where indicated Continued assessment by stroke team and progress documented in Health Record Nutritional status Bowel/bladder function Skin assessment Assess for fall risk Weigh as per orders	
Consults	Rehab Consult Team where indicated Liaise with receiving facility as required	
Tests	Follow-up test planning See physician's orders If dysphagic video fluoroscopy when appropriate	
Treatments	Stroke Team interventions Psychological Assessment and intervention as needed Antiembolic stocking as per acute phase until ambulatory Communication strategies	
Medications	DVT prophylaxis continued until ambulatory +/- anti-hypertensive medications +/- antiplatelet therapy +/- patient specific medications	
Nutrition	Determine method of feeding based on swallowing and RD assessment Therapeutic diet as per RD Monitor intake	
Activity/Safety	AAT with safety measures If immobile, reposition q2h Early mobilization - up in chair BID Return to self care (if appropriate)	
Elimination	Bowel and bladder retraining maintained	

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