STROKE PLAN OF CARE

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When to Initiate Neuro Power Plan and Stroke Quality Documentation

- On admission of patient with diagnosis or suspected diagnosis of TIA or Stroke (Ischemic or Hemorrhagic).
- Patient is admitted with s/s of Stroke, unless Stroke has been ruled out for another diagnosis.
- Following an Inpatient Rapid Response/Code Stroke Activation.
- After imaging with incidental findings of a Stroke.
- Thrombolytic administered for suspected stroke.
- Following extubation or any high risk vascular procedure

When to do Yale Swallow Screen (Bedside Swallow Screen):

- To be completed by RN before ANY PO intake if suspected stroke work up. If c/o dizziness and (1) other Posterior stroke deficit – Please complete Swallow screen prior to administering any PO medications.
- Record result of swallow screen in stroke quality documentation band or ad hoc form.
- Document pass or fail and ensure time is correctly entered. Completion time documented prior to any oral meds or liquids.
- If patient passes, patient may advance diets and liquids per provider order.

My Patient has Failed Their Swallow Screen… Now What?

- Keep NPO.
- The order should automatically generate if “fail” is documented in the Stroke Quality Documentation Tab.
- If the order is not generated, search swallow.
- Select the Speech (SLP) Adult Bedside Swallow Eval and Treat.
- Place in comments that patient is NPO for meds pending the swallow evaluation.
- After completion of the swallow evaluation, review recommendations from the Speech Language Pathologist regarding individualized patient safe swallow strategies and diet modification if needed.
- Modifying diet and liquid consistency is outside of RN scope of practice.

Stroke Care Measures Embedded Within the Following Power Plans.

- Neuro Ischemic Stroke/TIA wwo Thrombolytic (Admit or Focus Power plan Options).
  - SUB PHASE - Neuro Ischemic Stroke/TIA thrombolytic infusion and follow up orders.
- Neuro Hemorrhagic Stroke (Admit or Focus Power Plan)
  - SUB PHASES – Intracerebral Hemorrhage or Subarachnoid Hemorrhage.
- ED Activated Stroke Alert (EKM).
- Neuro Inpatient Activated Stroke Alert (EKM).

Required Stroke Quality Measure

- VTE Prophylaxis by hospital day 2
- Discharge home on antithrombotic medications
- Anticoagulation for current or history of a-fib/flutter
- Thrombolytic Therapy within 1 hour of arrival
- NIHSS within 12 hours of arrival
- Antithrombotic therapy by hospital day 2
- Assessed for Rehab
- Discharged home on a statin (intense statin if LDL > 70)
- Documentation of Stroke Education
- Dysphagia screening before PO
- Lipid panel (LDL) within 48 hours of admission
- Glycosated hemoglobin (A1c) completed prior to discharge or within 30 days of admission
- Case Management Eval and Follow Up

Power Plan	Vitals	NIHSS	NIH Handoff
Stroke/TIA/Rule Out/ Any s/s of CVA	Provider may select Q1 or Q2 or Q4 hours until discharge based on acuity at admission	Provider may select Q1 or Q2 or Q4 hours until discharge based on acuity at admission	Admission/Unit Transfer, Every Shift until discharge, PRN with any Neuro changes
ICH/Subarachnoid Hemorrhage	Every 1 hour until provider changes to Every 4 hours until discharge	Every 1 hour until provider changes to Every 4 hours until discharge	Admission/Unit Transfer, Every Shift until discharge, PRN with any Neuro changes
Patients that received Thrombolytic	Every 15 minutes for 2 hours Every 30 minutes for 6 hours Every 1 hour for 16 hours Q4 hours until discharge	Every 15 minutes for 2 hours Every 30 minutes for 6 hours Every 1 hour for 16 hours Q4 hours until discharge	Admission/Unit Transfer, Every Shift until discharge, PRN with any Neuro changes

Initiate a Rapid Response/Code Stroke Activation per facility Stroke Algorithm for any new sudden onset of neurological deficits or a change in NIHSS of 4 or more.

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