

McLaren Print System Order

Order No: 72522
 Order Date: 2022-09-23
 User: Eric Crenshaw
 Phone: 8103425125

Ship Location: McLaren Flint - 10South Attn: Eric Crenshaw Nick Beaver
 401 S. Ballenger Hwy.
 Flint, 48532

Brochures
 Quantity: 10
 Paragon Dept No: 30170
 Dept Name: 10 South
 Company Number: 60

Order Total Price: 70.00

Item Number: MHCC-547
 Item Description: Stroke Plan of Care Poster
 Revision Date: 08/2022
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster: 11x17 cling
 Misc Info:

STROKE PLAN OF CARE

When to Initiate Individualized Plan of Care (IPC):

- On admission of patient with diagnosis or suspected diagnosis of TIA or Stroke (Ischemic or Hemorrhagic)
- Patient's admitted with risk of Stroke, unless it has been ruled out as other diagnosis.
- After an Inpatient Stroke Alert.
- After imaging with incidental findings of a stroke.
- Once atypical or hemorrhagic, if still completed.

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

- Done at bedside by RN before any PO intake.
- Document in the Stroke Quality Documentation tab.
- Document pass or fail, date/time and provider RN's name.
- If patient passes, patient can be on regular diet and liquid.
- If patient fails, make patient NPO and order SHRN/CHT (ENL, HND, NGLAZ).
- Modify diet and liquid consistency in perceiving outside RN's scope.

My Patient with a Stroke Failed Swallow Screen... Now What?

- The order should automatically generate a "fail" in documented in the Stroke Quality Documentation tab.
- If the order is not generated, search swallow.
- Select the Speech SLP Adult (Stroke Swallow Eval and Treat).
- Place in comments that patient is NPO for meals pending the swallow evaluation.
- After completion of the swallow evaluation, receive recommendations from the Speech Language Pathologist regarding individualized patient safe swallow strategies and diet modification if needed.

Appropriate PowerPlan should be in place to ensure all Stroke Core Measures are met.

- Neuro Ischemic Stroke/TIA with or without atypical admit or focus.
- Neuro Ischemic Stroke/TIA admit atypical focal infarction and following orders.
- Neuro Hemorrhagic Stroke admit or focus order.

STK Metrics

- VTE Prophylaxis by hospital day 2
- Discharge home on antibiotic/antiplatelet medications
- Anticoagulation for current or history of atrial fibrillation
- Thrombolytic therapy
- Antithrombotic therapy by hospital day 2
- Stroke Education
- Assessment for Rehabilitation
- Cyberpaga screening
- Intense statin therapy for LDL over 70

Spec Info:

	Vitals	Neuro Checks	NIHSS
Stroke/TIA/Rule Out/ Any risk of CVA	Every 1 hour x 4 hours Every 2 hours x 4 hours Every 4 hours until discharge	Every 1 hour x 4 hours Every 2 hours x 4 hours Every 4 hours until discharge	Admission Every 30 min until discharge PRN with any neuro changes
ICH/Subarachnoid Hemorrhage	Every 1 hour for 24 hours Every 4 hours until discharge	Every 1 hour for 24 hours Every 4 hours until discharge	Admission Every 30 min until discharge PRN with any neuro decline
Patients that received attention	Every 15 minutes for 2 hours Every 30 minutes for 8 hours Every 1 hour for 16 hours	Every 15 minutes for 2 hours Every 30 minutes for 8 hours Every 1 hour for 16 hours	Baseline Post Stroke Post Discharge once a shift

*Call 2-2-0-0-2 and initiate a Stroke Alert if there is a neurological decline or change in NIHSS of 4 or more.