

McLaren Print System Order

Order No: 72817
 Order Date: 2022-10-05
 User: Ashley Yotkois
 Phone: 25706

Ship Location: McLaren Flint 3N Neuro Institute attn Ashley
 401 S Ballenger Hwy
 Flint, MI 48532

Brochures
 Quantity: 8
 Paragon Dept No: 91245
 Dept Name: Stroke
 Company Number: 60

Order Total Price: 64.00

Item Number: MHCC-547
 Item Description: Stroke Plan of Care Poster
 Revision Date: 08/2022
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster: 12x18 laminated
 Misc Info:

STROKE PLAN OF CARE | McLaren

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 give RN's name.
- If patient passes, patient can be on regular diet and liquid.
- If patient fails, make patient NPO and order SHRN/CHT (VNL, HND, TRLAZ).
- Modify diet and liquid consistency in practicing 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 medications
- Anticoagulation for current or history of atrial fibrillation
- Thrombolytic therapy
- Antithrombotic therapy by hospital day 2
- Discharged home on a stable intensive statin (LDA, > 30)
- Stroke Education
- Assessment for falls
- Cyberpaga screening
- Intense statin therapy for LDL near 70

Stroke/TIA Risk Out: Any risk of CVA

Every 1 hour x 4 hours	Every 2 hours x 4 hours	Every 1 hour x 4 hours	Admission
Every 3 hours x 4 hours	Every 3 hours x 4 hours	Every 2 hours x 4 hours	Every 30 min until discharge
Every 4 hours until discharge	Every 4 hours until discharge	Every 4 hours until discharge	PRN with any hours changes

CH/Subarachnoid Hemorrhage

Every 1 hour for 30 hours	Every 1 hour for 30 hours	Every 1 hour for 30 hours	Admission
Every 4 hours until discharge	Every 4 hours until discharge	Every 4 hours until discharge	Every 30 min until discharge
			PRN with any hours changes

Patients that received attention

Every 15 minutes for 2 hours	Every 15 minutes for 2 hours	Every 15 minutes for 2 hours	Baseline
Every 30 minutes for 8 hours	Every 30 minutes for 8 hours	Every 30 minutes for 8 hours	Post Stroke
Every 1 hour for 16 hours	Every 1 hour for 16 hours	Every 1 hour for 16 hours	Post Stroke once a shift

*Call 2-3-0-0-2 and initiate a Stroke Alert if there is a neurological decline or change in NIMS of 4 or more.

Spec Info: deliver to 3N neurosciences. Business office. 2nd office on the right