

McLaren Print System Order

Order No: 73084
 Order Date: 2022-10-20
 User: Jacqueline Raymond
 Phone: 810-667-5539

Ship Location: McLaren Lapeer Att: Jacqueline Raymond
 1375 N. Main
 Lapeer, MI 48446

Brochures
 Quantity: 1
 Paragon Dept No: 30999
 Dept Name: Nursing Admin
 Company Number: 60

Order Total Price: 5.50

Item Number: MHCC-547
 Item Description: Stroke Plan of Care Poster
 Revision Date: 08/2022
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster: 11x17 paper
 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 atherosclerosis or hemorrhagic infarct 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 SHIMSO/CHL (EVL, HND, TSLAZ).
- 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 Swallow Studies 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 assure all Stroke Core Measures are met.

- Neuro Ischemic Stroke/TIA with or without atherosclerosis admit or focus.
- Neuro Ischemic Stroke/TIA admit atherosclerosis lipid initiation and following orders.
- Neuro Hemorrhagic Stroke admit or focus order.

STK Metrics

- VTE Prophylaxis by hospital day 2
- Discharge home on antimicrobial medications
- Anticoagulation for current or history of atrial fibrillation
- Thrombolytic therapy
- Antithrombotic therapy by hospital day 2
- Stroke Education
- Assessment for Falls
- Cyberpaga screening
- Increase stable therapy for LDL over 70

Stroke/TIA Risk Chart

Stroke/TIA Risk Chart 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 30th until discharge PRN with any hours changes
CI/Stroke/Stroke Hemorrhagic	Every 1 hour for 24 hours Every 4 hours until discharge	Every 1 hour for 24 hours Every 4 hours until discharge	Admission Every 30th until discharge PRN with any hours 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 Stroke once a shift

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

Spec Info: Please change the Call number from 22222 to 3333