

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 s/s 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 alteplase or hemorrhagic trifold 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 print RN's name.
- If patient passes, patient can be on regular diet and liquid.
- If patient fails, make patient NPO and order SWALLOW EVAL AND TREAT.
- Modifying diet and liquid consistency is practicing outside RN's scope.

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

- 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 individualize 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 alteplase admit or focus.
- Neuro Ischemic Stroke/TIA admit alteplase (tpa) infusion and follow-up orders.
- Neuro Hemorrhagic Stroke admit or focus order.

STK Metrics

- VTE Prophylaxis by hospital day 2
- Discharge home on antithrombotic medications
- Anticoagulation for current or history of a-fib/flutter
- Thombolytic therapy
- Antithrombotic therapy by hospital day 2
- Discharged home on a statin (intense statin if LDL > 70)
- Stroke Education
- Assessed for Rehab
- Dysphagia screening
- Intense statin therapy for LDL over 70

Vitals

Stroke/TIA/Rule Out/ Any s/s of CVA	Every 1 hour x 4 hours Every 2 hours x 4 hours Every 4 hours until discharge
ICH/Subarachnoid Hemorrhage	Every 1 hour for 24 hours Every 4 hours until discharge
Patients that received alteplase	Every 15 minutes for 2 hours Every 30 minutes for 6 hours Every 1 hour for 16 hours

Neuro Checks

Every 1 hour x 4 hours Every 2 hours x 4 hours Every 4 hours until discharge
Every 1 hour for 24 hours Every 4 hours until discharge
Every 15 minutes for 2 hours Every 30 minutes for 6 hours Every 1 hour for 16 hours

NIHSS

Admission Every Shift until discharge PRN with any neuro changes
Admission Every Shift until discharge PRN with any neuro decline
Baseline Post Bolus Post Infusion once a shift

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