

## McLaren Print System Order

Order No: 74010  
 Order Date: 2022-12-06  
 User: Jacqueline Raymond  
 Phone: 810-667-5589

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

Brochures  
 Quantity: 1  
 Paragon Dept No: 91020  
 Dept Name: Nursing Admin  
 Company Number: 110

Order Total Price: 5.50

Item Number: MHCC-547-LAP  
 Item Description: Stroke Plan of Care Poster - Lapeer  
 Revision Date: 11/2022  
 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 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 SHN/CHT (ENL, HND, NDLZ).
- Modify diet and liquid consistency in perching 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 assure 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 anticoagulant medications
- Anticoagulation for current or history of atrial fibrillation
- Thrombolytic therapy
- Anticoagulant therapy by hospital day 2
- Stroke Education
- Assessment for Rehabilitation
- Dysphagia 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 3-3-3-3 and initiate a Stroke Alert if there is a neurological decline or change in NIHSS of 4 or more.

McLaren Lapeer Region