LARGE VESSEL OCCLUSION

(ACA / MCA / ICA)

ANTICIPATE TRANSFER FOR THROMBECTOMY

***Acute Onset < 24 Hours**

NIH Stroke Scale > 6

Visual Field Cut

Deviated Gaze towards side of weakness

Face/Arm weaker than Leg

Severe Aphasia* or Mute*

**anticipate if weakness is on pt. dominant hand*

POSTERIOR STROKE

(Basal Artery/Vertebral Artery)

Acute Onset Dizziness/Vertigo (D + 1)

WALK Patient & Document Gait

DYSTAXIA (Trunk Ataxia)

Diplopia or Nystagmus (Double Vision)

Dysarthria (Difficulty Speaking)

Dysphagia (Difficulty Swallowing)

Document Posterior Stroke Symptoms – IAF NIH Comment Section with each assessment Comments Section

Basal Artery

Cranial Nerve Palsy

Coma

“Crossed” weakness and sensory loss affecting the face and contralateral body

MNM-001 (01.23)

REQUIRED STROKE MEASURE DOCUMENTATION

- **NIHSS Documented – Upon admission and Q 12 hours and PRN if any neurological changes**
- **Yale Swallow Screen Protocol – Prior to 1st documented PO intake (Cheboygan Tx requires second YSS upon arrival to MNM – prior to 1st PO intake)**
- **VTE Prophylaxis** – documentation of SCD **"ON"** or administration of LMW Heparin within 24 hours of admission. If patient refuses to wear SCD – DOCUMENT **"Pt. Refused"** and ambulation and hydration encouraged in order to meet measure requirement. Ask about LMWH?
- **Stroke Education – Initiate CPG and document in IAF all education components specific to patient. Complete Risk Factor Modification Form & Clinical Pathway on all Stroke/TIA patients.**

Collaborate with Provider:

Lipid Panel:
Within 48 hours/ < 30 days

A1c:
Prior to discharge or document results < 30 days

Therapy Eval on all Patients

Activate Code Stroke Team
7-4444

Any Sudden Onset Neurological Deficits

Provide LKW and Time Symptoms Detected
Obtain Blood Glucose / Vitals
Be prepared to share PMHx /current MEDS
Complete NIHSS – Identify Deficits Detected