

## Stroke / TIA Clinical Pathway

Admit Quality Measures Checklist Date _____	Discharge Quality Measures Checklist Date _____
<p style="text-align: center;"><b><u>Complete on day of admission</u></b></p> <p><b>1) Swallow screen prior to 1<sup>st</sup> oral intake of food, fluids or oral medication. And if received from outside facility (including Cheboygan ED)</b></p> <p><input type="checkbox"/> Passed swallow screen</p> <p><input type="checkbox"/> Failed swallow screen, keep NPO, initiate NURSE Swallow Screen Failure Protocol, call provider for alternative medication route</p> <p><b>2) NIH Stroke Scale (11 item)</b></p> <p><input type="checkbox"/> On admit to unit and every shift at handoff.</p> <p><b>3) VTE Prophylaxis</b></p> <p><input type="checkbox"/> Yes, Lovenox, Heparin or SCD's ordered</p> <p><input type="checkbox"/> NA, patient is on oral Anticoagulant</p> <p style="text-align: center;"><b>White compression stockings alone are not sufficient VTE prophylaxis for stroke patients</b></p> <p><b>4) Antithrombotic Administered:</b> (i.e. ASA, Plavix, Aggrenox, Eliquis, Coumadin, Pradaxa, Xarelto, Brilinta or IV Heparin)</p> <p style="text-align: center;"><b>Applies only to ischemic stroke or TIA patients</b></p> <p><input type="checkbox"/> Given in ED</p> <p><input type="checkbox"/> NA, taken at home</p> <p><input type="checkbox"/> NA, Alteplase given in ED</p> <p><input type="checkbox"/> If none of above checked, give as soon as possible on nursing unit</p> <p><b>5) Stroke Education:</b></p> <p><input type="checkbox"/> Stroke education booklet provided</p> <p><input type="checkbox"/> Stroke education initiated and documented in EMR</p> <ul style="list-style-type: none"> <li>• Personal risk factors reviewed</li> <li>• Signs and symptoms of stroke</li> <li>• Importance of dialing 911</li> <li>• Need for follow-up with physician after discharge</li> <li>• New medication prescribed</li> </ul> <p><b>6) Lipid Profile ordered:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, get order</p> <p><input type="checkbox"/> NA if done in past 30 days &amp; results on chart or EHR</p> <p><b>7) Hemoglobin A1C and fasting blood sugar ordered:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, get order</p> <p><input type="checkbox"/> NA, If Diabetic and done in last 30 days and results in chart or EHR</p> <p><b>8) Assessed by member of the rehab team:</b></p> <p style="text-align: center;"><b>Applies only to ischemic or hemorrhagic stroke patients</b></p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Speech Language Pathologist</p> <p><input type="checkbox"/> NA, admit orders indicate patient back to baseline, no therapy indicated</p>	<p style="text-align: center;"><b><u>Complete by day of discharge</u></b></p> <p><b>1) Discharged on a STATIN:</b></p> <p style="padding-left: 20px;">Target LDL is less than 70:</p> <p><input type="checkbox"/> Yes, discharged on statin</p> <p><input type="checkbox"/> No, physician, PA or NP documented reason for no tx</p> <p style="padding-left: 20px;">If none of above checked, contact discharging physician.</p> <p><b>2) Discharged on Anticoagulant if:</b></p> <p style="padding-left: 20px;">History of A-fib, A-flutter or other</p> <p><input type="checkbox"/> Yes, discharged on anticoagulant</p> <p><input type="checkbox"/> No, but physician, PA or NP <u>documented reason for no Tx</u></p> <p><input type="checkbox"/> NA, no history of A-fib, A-flutter, Coagulopathy, or Dissection</p> <p><input type="checkbox"/> NA, Hemorrhagic Stroke</p> <p style="padding-left: 20px;"><u>If none of above are checked, contact discharging physician.</u></p> <p><b>3) Discharged on Antiplatelet if:</b> No history of a-fib <b>OR</b> History of A-fib and documented reason for no treatment with anticoagulant:</p> <p><input type="checkbox"/> Yes, discharged on aspirin, Plavix, Aggrenox, or Brilinta</p> <p><input type="checkbox"/> No, but physician, PA or NP <u>documented reason for no tx</u></p> <p><input type="checkbox"/> NA, hemorrhagic stroke</p> <p style="padding-left: 20px;">If none of above checked, contact discharging physician.</p> <p><b>4) Stroke Education:</b></p> <ul style="list-style-type: none"> <li>• Personal risk factors reviewed</li> <li>• Signs and symptoms of stroke</li> <li>• Importance of dialing 911</li> <li>• Need for follow-up with physician after discharge</li> <li>• New medication prescribed</li> </ul> <p style="padding-left: 20px;">Stroke/TIA Personal Risk Reduction Plan (601.887)</p> <p><input type="checkbox"/> Yes, signed by patient</p> <p><input type="checkbox"/> Yes, signed by family or responsible party</p> <p><input type="checkbox"/> NA, discharged to hospice or ECF</p> <p><b>5) Assessed by Member of Rehabilitation Team</b></p> <p style="padding-left: 20px;">Applies only for Ischemic or hemorrhagic stroke patients</p> <p><input type="checkbox"/> Yes, PT or OT or SLP eval completed</p> <p><input type="checkbox"/> Yes, Physician, NP or PA documented patient back to baseline, no therapy needs</p> <p><input type="checkbox"/> NA, TIA patient – excluded</p> <p style="padding-left: 20px;">If none of above checked, contact discharging physician.</p> <p><b>6) Smoking Cessation:</b> counseling or stop smoking med provided if patient <u>smoked in the past year</u></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> NA, non-smoker or discharged to Hospice / comfort care</p>
<b>Signature</b>	<b>Signature</b>

