

## McLaren Print System Order

Order No: 86378  
 Order Date: 2024-06-19  
 Order Request Date:  
 User: Catherin Carrier  
 Phone: 586-493-8879

Ship Location: McLaren Macomb Interventional Neurology Office attn Catherine  
 1030 Harrington Blvd suite 304  
 Mt Clemens, MI 48043

Brochures  
 Quantity: 10  
 Paragon Dept No: 25240  
 Dept Name: Interventional Neurology  
 Company Number:

Order Total Price: 80.00

Item Number: MHCC-547  
 Item Description: Stroke Plan of Care Poster  
 Revision Date: 06/2024  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster: 11x17 laminated  
 Misc Info:

**STROKE PLAN OF CARE** McLaren

**When to Initiate Neuro Power Plan and Stroke Quality Documentation**

- On admission of patient with diagnosis or suspected diagnosis of TIA or Stroke (Ischemic or Hemorrhagic)
- Patient is admitted with stroke, unless Stroke has been ruled out by another diagnosis
- Following an Inpatient Rapid Response/Code Stroke Activation
- After imaging with incidental findings of a Stroke
- Neurologic admission for suspected stroke
- Following evaluation at any high-risk vascular procedure

**When to do Yale Swallow Screen (Beside Swallow Screen):**

- To be completed by RN before ANY PO intake if suspected stroke until up to 48 hours admission and 96 hours Poststroke stroke deficit - Please complete Swallow screen prior to administering any PO medications
- Record result of swallow screen in stroke quality documentation based on all flow forms
- Document pass or fail and review time in summary ordered - Complete time documented prior to any oral feeds or liquids
- If patient passes, patient may advance diet and liquids per provider order

**My Patient has Failed Their Swallow Screen... Now What?**

- Any NPO
- The order should automatically generate if "fail" is documented in the Stroke Quality Documentation Tab
- If the order is not generated, search manually
- Select the Speech SWP Adult Stroke Swallow Test and Test
- Place in comments that patient is NPO for needs pending the swallow evaluation
- After completion of the swallow evaluation, receive recommendations from the Speech Language Pathologist regarding individualized patient with feeding strategies and diet modification if needed
- Working diet and liquid consistency in outside of RN scope of practice

**Stroke Care Measures Embedded Within the Following Power Plans:**

- Neuro Ischemic Stroke TIA with Thrombolysis (Adult or Stroke Power plan) (Stroke)
- Stroke (MACE) - Neuro Ischemic Stroke/TIA, Hemorrhagic stroke and follow up orders
- Neuro Hemorrhagic Stroke (Adult or Stroke Power Plan)
- Stroke (MACE) - Intracerebral Hemorrhage or Subarachnoid Hemorrhage
- EE Acute Stroke Non-Stroke
- Neuro Ischemic Acute Stroke Non-Stroke

**Required Stroke Quality Measure**

- NIH Penetration Assessment (NP) by hospital day 2
- Discharge home on antithrombotic medications
- Anticoagulation for current or history of atrial fibrillation
- Thrombolysis Therapy within 1 hour of arrival
- NIHSS within 10 hours of arrival
- Antithrombotic Therapy for Hospital Day 2
- Reassess for Rehab
- Discharged home on a state license state PUA, P-100
- Documentation of Stroke Education
- Speech/swallow screening before PO
- Legal consent (LSC) within 48 hours of admission
- Discharged Hemorrhagic (DH) completed prior to discharge or within 96 days of admission
- Case Management End and Follow Up

Power Plan	Vitals	NIHSS	NIH Handoff
Stroke/TIA/Non-Stroke May 2024 (CA)	Provider may select Q1 or Q2 or Q4 hours until discharge based on study at admission	Provider may select Q1 or Q2 or Q4 hours until discharge based on study at admission	Admission/Code Swallow, Every Shift until discharge, PRR with any team changes
Chronic/Stroke Hemorrhagic	Every 1 hour until provider changes to Every 4 hours until discharge	Every 1 hour until provider changes to Every 4 hours until discharge	Admission/Code Swallow, Every Shift until discharge, PRR with any team changes
Patients that received Thrombolysis	Every 15 minutes for 2 hours Every 30 minutes for 8 hours Every 1 hour for 36 hours Q4 hours until discharge	Every 15 minutes for 2 hours Every 30 minutes for 8 hours Every 1 hour for 36 hours Q4 hours until discharge	Admission/Code Swallow, Every Shift until discharge, PRR with any team changes

Initiate a Rapid Response/Code Stroke Activation per Facility Stroke Algorithms for any new findings (not of neurologic deficits) or a change in status of 4 or more.

Spec Info: Medical Office building suite 304