

## McLaren Print System Order

Order No: 86931  
 Order Date: 2024-07-15  
 Order Request Date:  
 User: Nicole Murray  
 Phone: 231.487.4266

Ship Location: McLaren Northern Michigan Attn: Nicole Murray  
 416 Connable Ave. 2nd Floor East Bldg  
 Petoskey, MI 49770

Brochures  
 Quantity: 50  
 Paragon Dept No: 10020  
 Dept Name: MNM stroke program second floor east building  
 Company Number:

Order Total Price: 350.00

Item Number: MHCC-547  
 Item Description: Stroke Plan of Care Poster  
 Revision Date: 06/2024  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster: 11x17 cling  
 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 Report 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 8000 PPD unless if suspected stroke noted on CT or ultrasound and RN other Provider stroke deficit - Please complete Swallow screen prior to administering any PPD medications
- Record result of swallow screen in stroke quality documentation based on all flow forms
- Document pass or fail and review time in nursing notes - 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?**

- Notify MTD
- 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 MTD for needs pending the swallow evaluation
- After completion of the swallow evaluation, receive recommendations from the Speech Language Pathologist regarding individualized patient with swallow strategies and diet modification if needed
- Working diet and liquid consistency to 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 (2024))
  - Q-16 PPH02 - Neuro Ischemic Stroke/TIA Neurologic status and follow up orders
- Neuro Hemorrhagic Stroke (Adult or Stroke Power Plan)
  - Q-16 PPH02 - Neuro Hemorrhagic Stroke/TIA Neurologic status and follow up orders
- ED Acute Stroke Non-Stroke
- Neuro Ischemic Stroke Non-Stroke

**Required Stroke Quality Measure**

- MTD Prioritized by hospital day 0
- Discharge home on antithrombotic medications
- Anticoagulation for current or history of AFib/AFlutter
- Thrombolysis Therapy within 1 hour of arrival
- NIHSS within 10 hours of arrival
- Antithrombotic Therapy for Hospital Day 0
- Reassess for Rehab
- Discharged home on a state license state PUA, P-100
- Documentation of Stroke Education
- Speech/swallow screening before PPD
- Legal consent (LSC) within 48 hours of admission
- Discharged Hemorrhagic (DH) completed prior to discharge or within 90 days of admission
- Case Management Eval and Follow Up

Power Plan	Vitals	NIHSS	NIH Handoff
Stroke/TIA/Non-Stroke May 2024 (2024)	Provider may select Q1 or Q2 or Q4 hours with discharge based on study at admission	Provider may select Q1 or Q2 or Q4 hours with discharge based on study at admission	Admission/Case Transfer, Every Shift and discharge, PRR with any Team changes
Cardiovascular Hemorrhagic	Every 1 hour until provider changes to Every 4 hours and discharge	Every 1 hour until provider changes to Every 4 hours and discharge	Admission/Case Transfer, Every Shift and discharge, PRR with any Team changes
Patients that received Thrombolysis	Every 15 minutes for 2 hours Every 30 minutes for 4 hours Every 1 hour for 16 hours Q4 hours until discharge	Every 15 minutes for 2 hours Every 30 minutes for 4 hours Every 1 hour for 16 hours Q4 hours until discharge	Admission/Case Transfer, Every Shift and discharge, PRR with any Team changes

Initiate a Rapid Response/Code Stroke Activation per Facility Stroke Algorithm for any new evidence of neurologic deficits or a change in level of GCS or more.