

McLaren Print System Order

Order No: 86932
 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: 5
 Paragon Dept No: 10020
 Dept Name: MNM stroke program second floor east building
 Company Number:

Order Total Price: 165.00

Item Number: MHCC-547
 Item Description: Stroke Plan of Care Poster
 Revision Date: 06/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster: 18x24 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 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 8007 PPD unless if suspected stroke needs up to 24 hours and 16 other Patient care detail - 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 pain or full and nausea 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?

- Any NPO
- The order should automatically generate if "No" 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) (2024)
- Stroke (MACE) - Neuro Ischemic Stroke TIA, Thrombolysis infusion and follow up orders
- Neuro Hemorrhagic Stroke (Adult or Stroke Power Plan)
- Stroke (MACE) - Intracerebral Hemorrhage or Subarachnoid Hemorrhage
- ED Acute Stroke Non-Stroke
- Neuro Ischemic Acute Stroke Non-Stroke

Required Stroke Quality Measure

- NIH Penetration Assessment (NIH) by 1 hour
- 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 PPD
- Legal consent (LSC) within 48 hours of admission
- Discharged Hemorrhagic (DH) completed prior to discharge or within 48 days of admission
- Case Management Eval and Follow Up

Power Plan	Vitals	NIHSS	NIH Handoff
Stroke TIA/Stroke Post May 24th of 2024	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/Case Transfer, Every Shift until discharge, PRR with any team changes
Cerebrovascular Hemorrhage	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/Case Transfer, Every Shift until 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 until discharge, PRR with any team changes

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

Spec Info: order 2 of 3 for this product