

McLaren Print System Order

Order No: 87150
 Order Date: 2024-07-23
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Ship Location: McLaren Greater Lansing Office 1-234 Attn: Ann
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Brochures
 Quantity: 10
 Paragon Dept No: 21600
 Dept Name: Neuro Trauma
 Company Number: 10

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 risk of Stroke, unless Stroke has been ruled out for another diagnosis
- Following an Inpatient Rapid Response/Code Stroke Activation
- After imaging with incident/holdings of a Stroke
- Thrombolysis administered for suspected stroke
- Following evaluation for any high-risk vascular procedure

When to do Yale Swallow Screen (Bedside Swallow Screen):

- To be completed by MR facilities using PD unless if suspected stroke work-up is in progress and to allow placement of enteral diet - Please complete Swallow screen prior to administering any PO medications
- Record result of swallow screen in stroke quality documentation based on full face form
- Document pass or fail and ensure time is correctly entered - Completion time documented prior to any and feeds or fluids
- If patient passes, patient may advance diet and fluids per provider order

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

- Stop NPO!
- Do not order enteral supplements unless if "fail" is documented in the Stroke Quality Documentation Tab
- If the order is not generated, search swallow
- Select the Report: MR/PT/Neuro Services Swallow Fail and Feed
- Place in comments that patient is NPO for needs pending the swallow evaluation
- After completion of the swallow evaluation, review recommendations from the Speech Language Pathologist regarding individualized patient with swallow challenges and add modification if needed
- Modifying diet and fluid consistency is outside of MR scope of practice

Stroke Care Measures Embedded Within the Following Power Plans:

- Neuro Services Stroke TIA was Thrombolysis (Adult or Paediatric) after (Optional)
 - ISB (MAGE) - Neuro Services Stroke TIA thrombolysis infusion and follow up orders
- Neuro Hemorrhagic Stroke (Adult or Paediatric Power Plan)
 - ISB (MAGE) - Neuro Services Hemorrhagic or Subarachnoid Hemorrhage
 - ISB Activated Stroke Risk (ISAR)
 - Neuro Hospital Activated Stroke Risk (NHAR)

Required Stroke Quality Measure

- VTE Prophylaxis by Hospital Day 1
- Discharge home on antithrombotic medications
- Anticoagulation for current or history of atrial fibrillation
- Thrombolysis Therapy within 1 hour of arrival
- ISBIS within 10 hours of arrival
- Antithrombotic therapy for hospital day 1
- Assessment for Rehab
- Discharge home on a state license state F/G/H or T/U
- Documentation of Stroke Education
- Spinalgia screening before PO
- Local panel (SIC) within 48 hours of admission
- Discharge medication (DMJ) completed prior to discharge or within 30 days of admission
- Case Management End and Follow Up

Power Plan	Vitals	NIHSS	NIH Handoff
Provisional Stroke	Provide q4 vitals Q1 or Q2 or Q4 hours until discharge based on study at admission	Provide q4 vitals Q1 or Q2 or Q4 hours until discharge based on study at admission	Administer/Reassess Swallow Every 2Hr until discharge, PRR with any team changes
Stroke/Ischemic Hemorrhage	Every 1 hour until provider changes to Every 2 hours until discharge	Every 1 hour until provider changes to Every 2 hours until discharge	Administer/Reassess Swallow Every 2Hr until discharge, PRR with any team changes
Stroke that received Thrombolysis	Every 15 minutes for 1 hour Every 30 minutes for 4 hours Every 1 hour for 16 hours Q4 hours until discharge	Every 15 minutes for 1 hour Every 30 minutes for 4 hours Every 1 hour for 16 hours Q4 hours until discharge	Administer/Reassess Swallow Every 2Hr until discharge, PRR with any team changes

Initiate a Rapid Response/Code Stroke Activation per facility Stroke Algorithm for any new sudden onset of neurological deficits or a change in NIHSS of 1 or more.

Spec Info: