

STROKE CARE PATHWAY

GUIDELINES FOR USE OF STROKE CARE PATHWAYS

PURPOSE

To provide guidance for the use of clinical pathways and the integration of these tools into the health record.

DEFINITIONS

Clinical Pathways are quality improvement tools that guide health providers in the coordination and management of care through identification of optimum sequence and timing of interventions. They are intended to support, not replace clinical judgement. Pathways can include and support clinical practice guidelines (CPG's) which provide the detail for decision support to treatment options.

POLICIES

The clinical pathway is to remain part of the patient's health record.

Copy is to be made and sent to receiving health provider/s at time of patient transfer or discharge (unless chart is being sent).

The pathway is an interdisciplinary 'tool' to be used and recorded on by the appropriate discipline involved in the specified care and treatment.

PROCEDURE

1. Addressograph
2. Flag the chart of patients who are on the Stroke Clinical Pathway by placing the YELLOW label marked **STROKE PATH** on the spine of the patient chart.
3. When completing Pathway, it can be used with daily care records / flowsheets.
4. Pathway is to be stored at the front of the Multidisciplinary Progress Record (MPR) section of the health record. Include Emergent Care Section if received.
5. Add Stroke Care Physician Order Sets to Chart.
6. Documentation on the Pathway Tool:
 - 6.1 Where indicated, Initial beside each event that has occurred or is complete.
 - Ensure signature name completed in section provided on pathway (if initial/signature record is **not** standard for your documentation process).
 - 6.2 If additional notation is required, complete notation on the MPR.
7. **When patient is not progressing along pathway**

Draw a line along the point of the pathway the patient is NOT progressing past, write "OFF PATHWAY / MPR" date initial and make a notation in the MPR as to reasons this patient is no longer appropriate for the pathway.
8. When Day 8 - Discharge section has been completed, review daily to include recommended interventions in routine care, document as per Focus Charting.
9. If a care category is not applicable (N/A), write N/A in initial space.

POINT OF EMPHASIS

- Documentation on the Clinical Pathway is not intended to be duplicated. Initials beside Care Categories indicates item has been completed during the date specified on the pathway and reduces the need to write a statement in relation on the MPR.
- Continue to observe principles of Focus Charting.

CLINICAL PATHWAY STROKE CARE FLOWSHEET

Legend: MPR= Multidisciplinary
 Progress Record
 N/A = Not applicable

Goal: To provide a guide for coordinated care of patients with stroke .

Instructions: On Admission, enter appropriate dates in spaces along top of each column. Add Stroke Care Pathway Physicians Orders to chart. Initial items as they are completed.

FIRST 24 HOURS OF CARE			
Care Categories	Initials	Date _____	
Assessment/ Monitoring	Assess:		<input type="checkbox"/> Activity as tolerated <input type="checkbox"/> Sitting up in chair <input type="checkbox"/> Reposition for immobile patients q2h - see Guide in Resource Manual
	<input type="checkbox"/> Vital signs/neuro vitals, heart rhythm, rate and quality (request ECG if irregular) <input type="checkbox"/> Diabetic assessment (capillary blood glucose - if abnormal, refer to individual Hx, call physician) <input type="checkbox"/> DVT risk <input type="checkbox"/> Skin integrity risk <input type="checkbox"/> Cognitive - communication status <input type="checkbox"/> Nutritional status <input type="checkbox"/> Bowel and bladder function <input type="checkbox"/> Fluid balance Q.S. <input type="checkbox"/> Pain status <input type="checkbox"/> Confirm history, pre-hospital medication information <input type="checkbox"/> Swallowing screen		Mobility and A.D.L. Nutrition <input type="checkbox"/> NPO pending swallowing screen <input type="checkbox"/> Monitor first oral intake
Interventions			Discharge Planning <input type="checkbox"/> SW referral <input type="checkbox"/> Transition Home Care Services <input type="checkbox"/> If being discharged, follow Day 2-3 Discharge Planning →
	<input type="checkbox"/> IV normal saline; avoid IV glucose <input type="checkbox"/> No oral or IV anticoagulants without CT Scan <input type="checkbox"/> DVT prophylaxis <input type="checkbox"/> Avoid sublingual drugs <input type="checkbox"/> Avoid excessive lowering of blood pressure <input type="checkbox"/> Initiate bowel/bladder routine. If patient cannot void, intermittent catheter 4-6h prn to keep volumes <500 cc <input type="checkbox"/> Mouth care q2h <input type="checkbox"/> Psychosocial support for patient/family		Discharge Planning Patient/Family Education <input type="checkbox"/> Patient/family understand provisional diagnosis, planned investigations and provisional treatment plan <input type="checkbox"/> Initiate stroke care education package (if appropriate)
Diagnostic	As per Physicians Orders		
	<input type="checkbox"/> Chest x-ray if not already done <input type="checkbox"/> FBS <input type="checkbox"/> CT scan without contrast (if not yet done) <input type="checkbox"/> Repeat 12 lead ECG <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Echocardiogram (TT) <input type="checkbox"/> Holter ECG monitoring <input type="checkbox"/> MRI/MRA <input type="checkbox"/> Angiography <input type="checkbox"/> Vasculitis screen <input type="checkbox"/> Transcranial Doppler		Pathway Check <input type="checkbox"/> If supportive care level → D/C Pathway and note on MPR <input type="checkbox"/> Appropriate to continue Stroke Care Pathway? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, discontinue path and record reason on MPR

NOTE: Pathways are intended for **guiding** sequencing and timing of care and treatment decisions specific to the condition being addressed. They require integration with clinical judgement.

Swallowing Screen

* Circle findings and # in order of completion: e.g. - First Time done #1. Sign and date below.

- Complete during first 24 hours & prior to any oral intake
- Position patient upright at 90° for screening

Is patient alert and able to participate

Yes

No (at risk)

- Does patient have all of the following:
- strong, clear voice?
 - strong cough?
 - ability to manage own secretions (no need for suction)?
 - understandable speech sounds?

- Keep NPO
- Re-screen in 24 hrs. **
- If Day 3 NPO, consider non-oral feeding

Yes

No (at risk)

- Is patient able to swallow each of the following without difficulty: (give in order) *
1. Half teaspoon of water?
 2. Sips of water (by cup or straw)?
 3. One teaspoon of applesauce/pudding?

- Keep NPO
- Re-screen in 24 hrs. **
- If Day 3 NPO, refer to SLP and consider non-oral feeding

Yes (safe)

No (at risk)

- Start on Mechanical - soft diet with regular liquids; and
- Monitor swallowing for entire first meal

- Keep NPO
- Re-screen in 24 hrs. **
- If Day 3 NPO, refer to SLP and consider non-oral feeding

Did the patient swallow during the meal without difficulty?

Yes (safe)

No (at risk)

Continue on mechanical soft diet

- Keep NPO
- Referral to SLP

- Signs patient is having difficulty swallowing**
- no/little rise of larynx during swallow
 - gurgly, wet sounding voice
 - coughing or throat clear after swallow
 - pocketing of food in cheek (leftover food in mouth)

Dates Completed: #1 _____ #2 _____ #3 _____

Signature & Designation: #1 _____ #2 _____ #3 _____

Day 2- Date _____

Day 3- Date _____

Patient I.D. # _____

Care Categories	Initials Day 2	Initials Day 3		Care Categories	Initials
Assessment/ Monitoring			Assess: DVT Skin integrity risk Cognitive - communication skills Nutritional status Bowel and bladder function Fall risk Fluid balance Vital signs/neuro vitals, heart rhythm, rate and quality (request ECG if irregular) Diabetes protocol if appropriate Confirm height and weight Complete stroke risk factors (see back of Pathway)	Diagnostic	Ongoing investigations as per Physicians Orders
				Nutrition	<input type="checkbox"/> Determine method of feeding based on swallowing screen or swallowing assessment by SLP <input type="checkbox"/> Diet assessment <input type="checkbox"/> Monitor first oral intake
				Consults	<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP for communication <input type="checkbox"/> Dietician <input type="checkbox"/> Other (eg, geriatrician, physiatrist) <input type="checkbox"/> Notify family physician of admission
				Discharge Planning	<input type="checkbox"/> Identify target discharge date <input type="checkbox"/> Social work assessment <input type="checkbox"/> Transition Services/Home Care Book follow-up appointments as appropriate: <input type="checkbox"/> Stroke Prevention Clinic (fax 670-1154) <input type="checkbox"/> Stroke Rehab Clinic (fax 270-8215) <input type="checkbox"/> Family G.P. <input type="checkbox"/> Prescriptions written
Mobility and A.D.L.			Progress activity as tolerated Sitting up in chair Reposition for immobile patients q2h - see Guide in Resource Manual Review rehabilitation recommendations		
Interventions			As per Physicians Orders Continue bowel and bladder routine Psychosocial support for patient/family	Patient/Family Education	<input type="checkbox"/> Patient/family aware of diagnosis, care and discharge plans <input type="checkbox"/> Arrangements for family conference made <input type="checkbox"/> Stroke education program initiated (as per Education binder)
				Pathway Check	<input type="checkbox"/> If supportive care level → D/C Pathway and note on MPR <input type="checkbox"/> Appropriate to continue Stroke Care Pathway? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, discontinue path and record reason on MPR

Day 4- Date _____ Day 6- Date _____

REHAB POTENTIAL DAY 4 - DAY 7

Day 5- Date _____ Day 7- Date _____

Patient I.D. # _____

Care Categories	Initials Day 4	Initials Day 5	Initials Day 6	Initials Day 7		Care Categories	Initials		
Assessment/ Monitoring					Monitor: Bowel and bladder function Swallowing Skin integrity risk Cognitive communication Mood for depression Fall risk DVT risk Reassess frequency of neuro vitals Reassess IV fluid Evaluate results of diagnostic tests Develop nutritional plan	Diagnostic	<input type="checkbox"/> If dysphagic, (modified barium swallow-MBS) by Speech (SLP) when appropriate <input type="checkbox"/> Repeat imaging if signs of decreased neurological status		
							Nutrition	<input type="checkbox"/> Follow recommendations by clinical nutrition <input type="checkbox"/> Continue as per feeding plan	
								Consults	Consider: <input type="checkbox"/> Physiatrist <input type="checkbox"/> Social Work
									Discharge Planning
Mobility and A.D.L.					Sitting up in chair as tolerated x 2-4 hrs Early mobilization and return to self care Reposition immobile patients q2h	Patient/Family Education	<input type="checkbox"/> Information on severity and impact of neurological deficit and prognosis <input type="checkbox"/> Discussion of limits/benefits of rehab <input type="checkbox"/> Stroke treatment plan		
	Interventions						Secondary stroke prevention - Management of modifiable risk factors Continue PT, OT, SLP Psychosocial support for patient family Rec. Therapy where available Weigh weekly	Pathway Check	

Day 8- Date _____ Day 10- Date _____

REHAB POTENTIAL DAY 8 - DISCHARGE

Day 9- Date _____ Day 11- Date _____

Patient I.D. # _____

Care Categories	Initials Day 8	Initials Day 9	Initials Day 10	Initials Day 11	Assessment/ Monitoring	Care Categories	Initials	
Assessment/ Monitoring					Monitor: Bowel and bladder function Swallowing Skin integrity risk Fall risk Communication Mood for depression DVT risk Reassess frequency of vital/neuro vitals Reassess IV fluid Evaluate nutritional plan Evaluate results of diagnostic tests	Diagnostic	As clinically indicated: _____ Coagulation screen prior to discharge	
							Nutrition	_____ If long term tube feeding is anticipated, consider PEG, or other options _____ Continue as per feeding plan _____ Dietician to reassess as needed
								Consults
Mobility and A.D.L.					Up in chair as tolerated x 2-4 Hrs. Early mobilization and return to self care Reposition immobile patients as per plan	Discharge Planning	If Not Completed: _____ Identify target discharge date _____ Referrals to continuing rehab programs (eg, GARP, GAU, GAM, Fanning Rehab., Unit 58 FMC, Glenmore PCU) _____ Referrals to Community Services (eg, Day Hospital) _____ Social work assessment _____ Transition Services/HomeCare Book follow-up appointments as appropriate: _____ Stroke Prevention Clinic (fax 670-1154) _____ Stroke Rehab Clinic (fax 270-8215) _____ Family G.P.	
							Continue bowel routine Continue bladder routine Secondary stroke prevention - Management of modifiable risk factors Continue PT, OT, speech therapy Psychosocial support for patient/family Interventions for depression Community integration (Rec. Therapy where available) Weigh weekly Refer to Decision Tree for rehabilitation (as assessed by rehab. staff) AHA Date _____ Score _____ Date _____ Score _____ Orpington Date _____ Score _____ Date _____ Score _____ Recommended Rehab'n Option	Patient/Family Education
Interventions						Pathway Check		
							_____ If NO, discontinue path and record reason on MPR	

When Pathway completed, continue care as described until discharge

Stroke Risk Factors

	No	Yes	Unknown
Prior Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior TIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valvular Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking (past 5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excess Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Consumption	<input type="checkbox"/> None <input type="checkbox"/> Social (less than 1 drink per day) <input type="checkbox"/> Moderate (1- 2 drinks per day) <input type="checkbox"/> Excessive (more than 2 drinks per day or binge drinking)		

Signature / Status	Initials	Signature / Status	Initials

Note: Stroke Pathway reviews will be coordinated by Stroke Program Manager/Designate - 670-1582.