Admission of Acute Stroke and TIA Patients
Order and Documentation Template

The following actions are based on the 2015 Update of Canadian Stroke Best Practice Recommendations (CSBPR) for Acute Inpatient Stroke Care (www.strokebestpractices.ca). This document is intended to be used as a template to ensure alignment of organization specific care with the CSBPR for management of direct inpatient admissions for stroke, for strokes that occur in inpatients (“in-hospital strokes”), or for stroke patients who received tPA in the emergency department. Institutional specific standards for routine precautions, assessment and care should be followed.

Patients admitted to hospital with an acute stroke or transient ischemic attack should be treated on an inpatient stroke unit as soon as possible (CSBPR Acute Inpatient Stroke Care, Recommendation 1.1).

Date_______________________________ Time________________________

☐ Discontinue all previous Stroke Order and Documentation Templates

Stroke Symptom History and Presentation

☐ Record onset of Stroke Symptoms or last time seen as normal (date/time): ______________________

☐ Record date and time of admission to inpatient stroke unit: ________________________________

I. Initial Evaluation

☐ Assessment by the core interprofessional stroke team (to be completed within 48 hours of admission) (CSBPR Acute Inpatient Stroke Care, Recommendation 1.1, ii and iii)

☐ Stroke Neurologist
☐ Social Work
☐ Speech Language Pathologist

☐ Stroke Team
☐ Physiatry
☐ Pharmacist

☐ Neuroradiologist
☐ Physiotherapist
☐ Dietician

☐ Neurosurgeon
☐ Occupational Therapist

☐ Nursing

☐ Other: _______________________________________________________________________________

☐ Assessment by additional stroke team members (as appropriate)

☐ Discharge planner/case manager

☐ Peer support/stroke recovery group liaison

☐ (Neuro)psychology

☐ Palliative care team

☐ Recreation/vocational therapist

☐ Other ________________________________

☐ Spiritual care

☐ Use standardized, valid assessment tools to evaluate the patient’s stroke related impairment and functional status (CSBPR Acute Inpatient Stroke Care, Recommendation 1.1 iii; Refer to CSBPR Hyperacute Stroke Care Module Table 2: Screening and Assessment Tools for acute Stroke for more information).
II. Inpatient Management and Prevention of Complications

**Cardiovascular Investigations:** In cases where the ECG or initial cardiac rhythm monitoring does not show atrial fibrillation but a cardioembolic mechanism is suspected, prolonged ECG monitoring is recommended (CSBPR Acute Inpatient Stroke Care, Recommendation 2.1).

- 12-lead ECG
- Prolonged ECG monitoring
  - Telemetry
  - Holter Monitor
  - Loop Recorder
  - Event Monitoring
  - Duration of monitoring __________________________
- Consider echocardiography for patient with suspected embolic stroke and normal neurovascular imaging, as well as no contraindications for anticoagulant therapy
  - 2-D echo
  - Transesophageal echo

**Venous Thromboembolism Prophylaxis:** Patients at high risk of VTE should be started on intermittent pneumatic compression devices or pharmacological VTE prophylaxis immediately if there is no contraindication (CSBPR Acute Inpatient Stroke Care, Recommendation 2.2).

- Mobilize patient (e.g. sitting or standing) after 24 hours from time of admission if there are no contraindications. Very early (within 24 hours of hospital admission), frequent, out-of-bed activity is not recommended.
- Intermittent Pneumatic Compression Device, or
- Initiate Low-molecular weight heparin or unfractionated heparin starting on _____ days post admission at ________ hrs
  - Drug: __________________ Dose, route, frequency: __________________________
  - Drug administered: __________________ Route, date, time: __________________________

**Vital Signs and Patient Monitoring**

- Monitor T, HR, RR, SpO₂ Q2H for 48 hours, then per ward routine or based on clinical judgment
  - Notify physician if T>37.5 Celcius (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 2.3).
  - Investigate for possible infection (e.g. pneumonia or urinary tract infection)
  - Order antipyretic therapy (as required):
    - Drug: __________________ Dose, route, frequency: __________________________
  - Order antimicrobial therapy (as required):
    - Drug: __________________ Dose, route, frequency: __________________________
    - Drug: __________________ Dose, route, frequency: __________________________

- Monitor BP Q30 – 60 minutes (or more frequently) for the first 24 – 48 hours
  - Notify MD if systolic BP is greater than ______ mmHg, or less than ______ mmHg
  - Notify MD if diastolic BP is greater than ______ mmHg, or less than ______ mmHg
□ Neurological assessment with standardized stroke scale (NIHSS or CNS) Q____H x 24 hours, then Q____H x 24 hours if stable, then reassess
  □ If neurological assessment score decreases more than 1 point from previous score or there is a change in vital signs or pupil size/reaction, notify MD
  Or
  □ Neuro vital signs Q____H x 24 hours, then Q____H x 24 hours if stable, then reassess
  □ If neuro vital signs deteriorate from previous assessment, notify MD

□ Pressure Ulcer Risk Assessment/Skin assessment Q shift
□ Other: __________________________________________________________________________

**Oxygen Therapy** (also refer to CSBPR Hyperacute Stroke Care, Recommendation 3.6).
□ Notify MD if SpO₂ is less than 95%
□ Supplemental O₂ for SpO₂ less than 92%
□ Other: __________________________________________________________________________

**Swallowing Assessment, Nutrition** (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 2.6).
□ NPO until completion of Dysphagia Screening
□ Screening completed for swallowing ability and presence of dysphagia
  Tool used: __________________________________________
  Date: ___________________ Time: ___________________
  Result:
  □ Normal swallow      □ Abnormal swallow
  □ If swallow screen is abnormal, refer patient to a Speech-Language Pathologist or Occupational Therapist for a detailed assessment, diet recommendations and therapy plan.
    Referral Date: __________________
□ Referral to Dietician (if appropriate)
□ Initiate appropriate diet and texture once swallow assessment is complete
  □ Clear fluids                      □ Dysphagia pureed diet
  □ Full fluids                        □ Dysphagia thickened fluids
  □ Diet as tolerated                 □ Dental soft
  □ Diabetic                         □ Minced
  □ Modified diet (describe): _______________________________________________________________________________
  □ Orogastric/nasogastric tube for feeding (Do not insert within 24 hours following tPA administration)
□ Enteral nutrition formula and administration: __________________________________________________________________________
□ Monitor hydration status
□ Monitor Intake and Output Q shift
Glucose Management (also refer to CSBPR Hyperacute Stroke Care, Recommendation 3.5)
- If the first random glucose value is > 10 mmol/L, repeat measure, including a fasting glucose and Hemoglobin A1c
- For diabetic patients, follow standard diabetic protocol
  - Capillary blood glucose QID and PRN
  - Consult Endocrinology or Diabetes Management team

Oral Care (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 2.7)
- Oral dental assessment for signs of dental disease, level of oral care and appliances
- Establish a protocol for oral care frequency, types of products and management for patient specific conditions such as dysphagia or use of dentures
- Consultations PRN
  - Dentist
  - Dental Hygienist
  - Occupational Therapist
  - Speech Language Pathologist

Continence (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 2.5).
- Avoid indwelling catheter
- Monitor patient for urinary incontinence or retention
  - If patient does not void spontaneously within 6 hours of admission, perform bladder scan
  - If bladder scan volume is greater than 300 mL, then catheterize in and out
    - Repeat bladder scan Q 4-6 H
  - Post void bladder scan x 3 for patient continent of urine within 72 hours of admission
  - Intermittent catheterization schedule established based on amount of post-void residual
- Implement a bladder-training program for patients with urinary incontinence
- Monitor patient for persistent constipation or bowel incontinence
- Implement a bowel management program for patients with persistent constipation or bowel incontinence

Seizure Management (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 2.8)
- Treat new onset seizures with appropriate short-acting medications if they are not self-limiting
  - Order medication
    - Drug: __________________ Dose, route, frequency: ___________________________
- Monitor for recurrent seizure activity during routine monitoring of vital signs and neurological status

Activity and Functional Assessments (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 1.1 iii, 2.4, and Hyperacute Stroke Care Module Table 2: Screening and Assessment Tools for Acute Stroke).
- Assess patient for risk of falling and reassess when changes in status occur
- Very early (within 24 hours of hospital admission), frequent, out-of-bed activity is not recommended.
Mobilize patient (e.g. sitting or standing) after 24 hours from time of admission if there are no contraindications

- Bedrest
- Elevate head of bed 30°
- Assess the patient’s blood pressure pre and post sitting or standing to detect postural hypotension

Complete rehabilitation assessment as soon as possible after admission (preferably within 24 – 48 hours)

- Assessment completed (date) ______________ by __________________________

Complete AlphaFIM® by day 3 of admission

- Completed (date) ______________ by __________________________

Complete ADL assessment

- Completed (date) ______________ by __________________________

**Cognitive Assessments** (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 1.1 iii, and Hyperacute Stroke Care Module Table 2: Screening and Assessment Tools for Acute Stroke).

- Assess patient for cognitive status using a validated tool
  - Completed (date) ______________ Tool ________________ by ______________

- Assess patient for signs of depression, mood changes or changes in personality
- Assess caregiver for signs of depression
- Notify stroke team of any changes in mood or cognition

**Patient and Family Education**

- Discuss and establish goals of care with the patient, family and caregivers (Refer to CSBPR Acute Inpatient Stroke Care, Recommendation 4).
- Assess patient and family for learning needs and readiness for information
- Provide patient and family education and skills training as required regarding (initial when completed):
  - Diagnosis
  - Stroke signs and symptoms and appropriate actions to take
  - Contact numbers for EMS, neurologist, stroke team, other healthcare professionals
  - Risk Factor modification – assist with development/update of an individualized plan
  - Activity levels, activities of daily living
  - Safety and avoidance of falls and injury
  - Rehabilitation
  - Driving
  - Sexual Activity
  - Community Support Group resources
  - Other ____________________________________________________________________
Other Medications

☐ Medication: _______________________ Dose, Route, Frequency: ____________________________
☐ Medication: _______________________ Dose, Route, Frequency: ____________________________
☐ Medication: _______________________ Dose, Route, Frequency: ____________________________
☐ Medication: _______________________ Dose, Route, Frequency: ____________________________

Discharge/Transition Plan

☐ Begin discharge planning process as a component of the initial admission assessment and continue throughout hospitalization

☐ Expected discharge/transition to
  ☐ Home or place of residence
  ☐ Inpatient rehabilitation
  ☐ Complex continuing care
  ☐ Repatriate/transfer to other acute care: ____________________________

☐ Referrals
  ☐ Refer patient to Home Care services
  ☐ Refer patient to outpatient or community-based rehabilitation for assessment and treatment
    Facility: ____________________________
    Appointment Date: ________________ Appointment Time: ____________________
  ☐ Follow-up with Family Physician:
    Name ____________________________
    Appointment Date: ________________ Appointment Time: ____________________

☐ Send discharge summary/consult letter to Family Physician within 72 hours

☐ Provide patient and family with written summary of diagnosis, investigations and results, interventions, medications, and follow-up appointments/needs at end of ambulatory care visit (ED, prevention clinic, family physician’s office, other community setting)

☐ Provide patient with access to resources (also refer to CSBPR Hyperacute Stroke Care Implementation Resources):

Other Follow-up Appointments:

☐ Name ____________________________
  Appointment Date: ________________ Appointment Time: ____________________

☐ Name ____________________________
  Appointment Date: ________________ Appointment Time: ____________________