

# Non-Hemorrhagic Stroke-TIA: Clinical Pathway

This is a guideline that may be modified to meet patient's needs;  
does not replace MD orders and should never replace Clinical judgment.

Date Initiated \_\_\_\_\_

PMH \_\_\_\_\_

Date Discontinued \_\_\_\_\_

Consulting MD \_\_\_\_\_

**Chief Complaint:**  slurred speech  facial droop  N&T  L or  R sided weakness  Dizziness  
 Aphasia  Confusion  Other \_\_\_\_\_

Days	Admission: Day 1	Day 2-3
<b>Goals</b>	O <sub>2</sub> Sats ≥95% Free from falls/injury Free from aspiration Free from skin breakdown Communicates needs Pain level acceptable to pt	Diagnosis confirmed Free from aspiration Communicates needs Tolerates oral diet Voids without difficulty Tolerates increased activity Free from falls/injury Free from skin breakdown Pain level acceptable to pt Continent of bowel/urine Bowel regularity
<b>Consults</b>	<input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> Neurologist <input type="checkbox"/> Case Management <input type="checkbox"/> Diabetes Educator	Wake Rehab Consult _____ Decision _____ GI Consult _____ <input type="checkbox"/> Nutrition consult if not tolerating > 50% meals by day 3 or for TF recommendations <input type="checkbox"/> Coumadin Teaching Consult if indicated
<b>Tests</b>	Head CT _____ NIH Stroke Scale Score _____ Pain Scale _____ <b>Work Up Ordered</b> MRI _____ MRA _____ Carotid Dopplers _____ 2D Echo _____ Lipid Profile _____ Other _____	<b>Results</b> MRI _____ MRA _____ Carotid Dopplers _____ 2D Echo _____ TEE _____ Total Chol _____ HDL _____ LDL _____ TRIG _____ Pain Scale _____ MBS/FEES _____
<b>Antithrombotics</b>  To be initiated before end of day 2 unless contraindicated	Anticoagulant <input type="checkbox"/> Coumadin: Reason: <input type="checkbox"/> A-fib <input type="checkbox"/> Valve <input type="checkbox"/> Other _____ Antiplatelet (check) <input type="checkbox"/> ASA <input type="checkbox"/> 81mg <input type="checkbox"/> 325mg <input type="checkbox"/> Aggrenox <input type="checkbox"/> Plavix	If GT being considered, obtain order to discontinue Anticoagulant <input type="checkbox"/> Coumadin: Reason: <input type="checkbox"/> A-fib <input type="checkbox"/> Valve <input type="checkbox"/> Other _____ Antiplatelet (check) <input type="checkbox"/> ASA <input type="checkbox"/> 81mg <input type="checkbox"/> 325mg <input type="checkbox"/> Aggrenox <input type="checkbox"/> Plavix
<b>DVT Prophylaxis</b>	<input type="checkbox"/> SCDs _____ <input type="checkbox"/> Lovenox <input type="checkbox"/> sub q heparin <b>To be initiated before the end of day 2</b>	<input type="checkbox"/> SCDs _____ <input type="checkbox"/> Lovenox <input type="checkbox"/> sub q heparin <b>To be initiated before the end of day 2</b>
<b>Nutrition/ Elimination</b>	Aspiration Precautions NPO until swallow screen Last BM _____ <input type="checkbox"/> Foley (d/c if not needed) <input type="checkbox"/> Bladder Scan <input type="checkbox"/> Toilet q 2 hr <input type="checkbox"/> Bowel Protocol <input type="checkbox"/> Voiding	Aspiration Precautions Diet _____ Last BM _____ <input type="checkbox"/> Foley <input type="checkbox"/> Bladder Scan <input type="checkbox"/> Toilet q 2 hr <input type="checkbox"/> Bowel Protocol <input type="checkbox"/> Voiding
<b>Activity</b>	<input type="checkbox"/> HOB elevated 30°-45° <input type="checkbox"/> Strict bedrest <input type="checkbox"/> OOB as tolerated <input type="checkbox"/> OOB ad lib <input type="checkbox"/> OOB w assist <input type="checkbox"/> Activity _____	<input type="checkbox"/> HOB elevated 30°-45° <input type="checkbox"/> OOB as tolerated <input type="checkbox"/> Activity _____
<b>Psychosoc/Cultural Spiritual/Cognition Communication</b>	Assess psychosocial/spiritual/cultural needs Assess communication and cognition needs Orientation - A&O X 1 2 3	Orientation-A&O X 1 2 3
<b>Patient/Family Education</b>	Educate patient/ family on: <input type="checkbox"/> Stroke/TIA Diagnosis <input type="checkbox"/> Tests, goals for the day <input type="checkbox"/> Personal risk factors for stroke <input type="checkbox"/> Signs and symptoms of stroke/TIA <input type="checkbox"/> Activation of EMS 9-1-1 <input type="checkbox"/> Patient/ family to watch TIGR video #610 <b>Document education daily in Soarian</b>	Continue patient/ family education on: <input type="checkbox"/> What causes ischemic stroke and TIA <input type="checkbox"/> Personal risk factors for stroke/TIA <input type="checkbox"/> Signs and symptoms of stroke/TIA <input type="checkbox"/> Importance of adherence to prescribed medications <input type="checkbox"/> Changes caused by stroke <input type="checkbox"/> Patient/family to watch TIGR video #631 <b>Document education daily in Soarian</b>
<b>D/C Planning</b>	Living situation prior to admission _____	Assess/evaluate home needs _____ Financial screen



