

# Acute Ischemic Stroke Critical Pathway Card

	Day 4 ASU/General Floor	Day 5-7 ASU/General Floor	Post Discharge Care/Home Health
<b>Goals/Outcomes</b>	Neuro status stabilized/improved Pt transferred to floor Rehab therapies continued as appropriate NIHSS and Barthel Index documented, if patient discharged Discharge if appropriate  NIHSS _____ Barthel Index _____ (upon discharge)	Neuro status stabilized/improved Special diagnostic tests documented Rehab therapies continued as appropriate NIHSS and Barthel Index and documented, if patient discharged Discharge if appropriate  NIHSS _____ Barthel Index _____ (upon discharge)	Maintain compliance with meds, diet and risk factor reduction Follow-up with Primary MD/Neurology Absence of recurrent symptoms Return to baseline activity level Recognize Signs & Symptoms and when to call Physician Advance diet accordingly
<b>Laboratory/Diagnostic Tests</b>	PTT if on heparin PT/INR if on warfarin Follow-up abnormal tests  <b>To Consider:</b> • Modified Barium Swallow	PTT if on heparin PT/INR if on warfarin	Labs per MD order -PT/INR if on warfarin -CBC q2 weeks x 3 months if on Ticlopidine
<b>Assessments/RN Interventions</b>	VS and Neuro Checks per Unit Protocol Cardiac monitoring (ASU) Continuous Pulse Ox, and titrate O2 to keep SpO2 > 95% Bowel/Bladder/Skin Assessment Avoid foley cath Compression boots (unless anticoagulated) HOB up 30°/Aspiration Precautions Turn q2° if pt on bed rest ROM as per Rehab, if paralysis exists Hand/foot splint as per Rehab as needed  <b>To Consider:</b> • D'C cardiac monitoring & Pulse Ox & transfer to floor -or- • D'C to home	VS and Neuro checks per Unit Protocol Cardiac monitoring as needed Continuous Pulse Ox as needed Bowel/Bladder/Skin Assessment Avoid foley cath Compression boots (unless anticoagulated) HOB up 30°/Aspiration Precautions Turn q2° if pt on bed rest ROM as per Rehab, if paralysis exists Hand/foot splint as per Rehab as needed	Vital Signs Assess for and educate about recurrent signs and symptoms of TIA/Stroke Complete Oasis Tool Assess PT/OT/Speech and swallow needs Assess feeding tube functioning Evaluate support system Bowel/Bladder Training
<b>Medications/Treatments</b>	IV to hep lock or D'C IV Reassess BP meds and parameters as needed Consider antihypertensive regimen Acetaminophen 650mg p.o./PR q4° prn temp. > 100° Diabetic regimen if appropriate Bowel regimen prn  Continue as appropriate -Antiplatelet therapy -IV Heparin → Warfarin (D'C heparin when INR 2-3)  If Investigational Drug, follow Protocol	IV to hep lock or D'C IV Adjust antihypertensive regimen as needed Adjust diabetic regimen as needed  Continue as appropriate -Antiplatelet Therapy -IV Heparin → Warfarin (D'C heparin when INR 2-3)  If Investigational Drug, follow Protocol	Review medications Set up med schedule via mediplan or calendar
<b>Consults</b>		Feeding tube placement if needed	Home Health Aid as needed Home PT/OT/Speech as needed Social Work/Registered Dietician if needed Case Management telephone follow-up
<b>Activity</b>	Increase activity as tolerated -or- Increase activity per PM&R	Increase activity as tolerated/as per Rehab guidelines	Encourage increase in activity as tolerated Exercise/Therapy protocols as per PT/OT
<b>Nutrician</b>	Increase tube feedings as tolerated as per Dietitian Guidelines -or- Advance diet as tolerated/as per Speech/Dietitian recommendations	NPO for feeding tube placement -or- Advance diet as tolerated per Speech/Dietitian recommendations	Reinforce prescribed diet. Refer as necessary to Out-Patient Dietitian X5077 Consider Swallow re-eval for removal of feeding tube
<b>Patient/Family Education D'C Planning</b>	Ongoing Stroke Education Warfarin teaching as needed  <b>Finalize disp. plans (Home, Rehab, SNF) Discharge if appropriate</b>	Ongoing Stroke Education. Warfarin teaching as needed.  <b>D'C instructions based on disposition plans Discharge if appropriate</b>	Reinforce signs/symptoms of stroke and need for urgent intervention Reinforce importance of risk factor reduction and med compliance Reinforce need to stay on meds Encourage pt/family that rehab process continues long after hospital stay and to continue to work towards improvement Advise on the availability of community/ financial/ transportation resources Warfarin teaching as needed
<b>Comments</b>			