Wake Forest University Baptist
MEDICAL CENTER

North Carolina Baptist Hospital Stroke Center
Clinical Practice Guidelines: TIA (days 1-3)/ Ischemic Stroke (days 1-5)

Developed: 12/05

	Emergency Dept	**0-24 Hrs.**	**Day 2**	**Day 3**	**Day 4**	**Day 5**
Assessments	Neuro Exam NIHSS Score_______ WFUSSS Score_____ Vital Signs q5min. x3, then q 15 min. Evaluate for tPA FSBS if diabetic O2 Sat. Cardiac Monitoring Weight in Kilograms Intake/ Output	Nursing Admission Assessment/ Dysphagia Screen/Barthel Index Neuro checks q4 hrs. Vital Signs q4hrs. FSBS if diabetic Hemetest if on Coumadin or Heparin Telemetry monitoring Assess Bowel and Bladder Function O2Sat	Neuro checks q4hrs. Vital Signs q4 hrs. D/C Telemetry FSBS if diabetic Hemetest if on Coumadin or Heparin	Vital Signs/ Neuro checks q shift Assess bowel and Bladder function FSBS if diabetic Hemetest if on Coumadin /Heparin Pulse Ox q8hrs. if on O2. D/C O2 if O2 sat >92% on room air NIHSS if TIA_____	Vital Signs/ Neuro checks q shift Hemetest if on Coumadin or Heparin FSBS if diabetic	Neuro check in AM NIHSS Score_____ Hemetest if on Coumadin FSBS if diabetic Rankin Scale_____ Vital Signs q 8hr.
Diagnostics: Lab, Radiology	CT w/o contrast EKG CBC, PLT Glucose INR, PTT Electrolytes Renal Function CMP if hx. of, or suspect liver disease	MRI/MRA Cerebral Arteriogram or CTA Chest X-Ray TTE or TEE is suspect cardiac source or CAD Carotid US, TCD Fasting Lipid Profile PTT per protocol if on Heparin PT Expanded q day if on Coumadin Additional Options: ESR, RPR, TSH, Drug Screen, Lupus Inhibitor, Anticardiolipin antibodies, ThrombophyliaScreen, ANA,RF, Homocysteine, AC1Ab, HB A1C	Further imaging if indicated PTT per protocol if on Heparin Cerebral arteriogram or CTA TEE or cardiac MRI if indicated and not done on day 1 PT Expanded if on Coumadin	Daily INR if on Coumadin PTT if on Heparin	INR if on Coumadin	INR if on Coumadin

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Medications/ Treatments	Oxygen if O2 Sat <92% IVF or SalineLock Per order Evaluate for tPA Protocol Aspirin P.O., rectally, or per N.G. if ischemic stroke and not candidate for tPA	Continuous IV if on IV Heparin Or meds. >q6hrs, otherwise IV Saline Lock Bowel/ Bladder protocols Pulse Ox q8hr. if on O2 D/C O2 if O2 sats remain >92% on room air NG tube for meds /enteral feedings as indicated per dysphagia screen Antiplatelet therapy Consider anticoagulant if A-Fib /known cardiac source unless anticipate need for P.E.G. DVT Prophylaxis (SCDs, SQ Heparin, or both, unless Hemorrhagic Sliding Scale Insulin if BS >150 Resume Home meds with possible exception of anti-HTN meds. Skin Protection Protocol if hemiparesis or bedfast	IV Heparin per protocol Initiate Coumadin on day 2 if pt. to be discharged on anticoagulants, unless anticipate need for P.E.G. Pulse oximetry q8hr. if on O2. D/C O2 if O2 sats >92% on Room Air. NG tube for meds/ enteral feedings as indicated per dysphagia protocol. Initiate Statins or other lipid lowering agent if indicated. Continue Home Meds Skin Protection Protocol if hemiparesis or bedfast Bowel Protocol Bladder protocol/ Check post voiding residuals.	Continuous IV if on IV Heparin or meds. Q6 hrs. Skin protection Protocol if hemiparesis or bedfast. Bladder protocol Bowel Protocol SQ Heparin if i mmobile and not on IV Heparin. Initiate Coumadin if to be discharged on anticoagulants , unless anticipate the need for a P.E.G. Begin statins or other lipid lowering agents if indicated but not already started. Continue home meds. Meds for diabetes as Appropriate Address Smoking cessation needs Plan to reintroduce antihypertensives.	Continue Heparin and other meds as ordered. Continue treatments as ordered Skin Protection Protocol if hemiparesis or bedfast Bladder Protocol Bowel Protocol	Discharge Meds. Antiplatelet therapy, Or, if known cardiac source, place patient on an anticoagulant , unless contraindicated. Continue statin or other lipid lowering agent. Treatment for diabetes as appropriate Home medications as appropriate Plan to reintroduce anti-HTN meds. Bladder Protocol Bowel Protocol Address smoking cessation needs.

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Activity	Assess activity level Turn q2hrs. if immobile Right-Back-left- right-back-left	Turn q2 hrs. if immobile (Right-back-left, right –back-left) PROM /AROM bid to affected Extremities OOB to chair X1 unless medically unstable.	OOB to chair bid Increase activity as tolerated	OOB to chair bid PT/ OT evaluations Completed by day 3 Speech/ Language eval uation completed by day 3	OOB to chair at least bid	Increase activity as tolerated.
Nutrition	NPO until swallowing evaluation completed	Complete Nursing Dysphagia Screen Intake/ Output q8hrs Order recommended diet per dysphagia screen Begin enteral Feedings if NPO	Complete Speech/ Language Pathology Screening Pharayngeal Function Study if Indicated Consult nutritionist if dyslipidemia, elevated FSBS, HbA1C, Diabetes, or BMI>25	Advance diet per speech therapy recommendations If on enteral feedings Consider P.E.G. placement Caregiver education pertinent to any special needs	P.E.G. placement if indicated	Caregiver education regarding feedings per P.E.G.
Education		Aspiration Precautions Types of Strokes and specific Deficits Diagnostic tests Mobility/ Safety ADLs	Medications Smoking Cessation Communication Techniques Expected Length of stay.	Stroke: A Brain Attack (Booklet) Swallowing disorders: What Families Should Know (booklet) Continue Smoking Cessation If TIA: N.C Stroke Assoc. packet. American Stroke Assoc. Packet	CCTV: Stroke: Story of Treatment and Recovery Stroke: What Every Person Needs to Know Continue smoking cessation counseling if appropriate	N.C. Stroke Association Packet American Stroke Association Packet Any literature specific to prescribed medications Complete smoking cessation Encourage exercise

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Interdisciplinary Communication	Stat consult to Stroke Team if within 3 hr. window for tPA If >3hrs. of onset, but < 6 hrs. call Interventional NeuroRadiology For consideration of Intra-arterial tPA	Admit to Stroke unit Swallowing evaluation by nursing during admission assessment Physical Therapy/ Occupational Therapy Consults Speech Language Pathology Consult if indicated Discuss intradepartmental needs in Multidisciplinary Team Conference	Case management resource assessment for discharge planning Multidisciplinary team conference on discharge planning and Rehab needs Physical Medicine Rehab consult if Indicated Nutritional consult if dyslipidemia, elevated Blood Glucose, known diabetes, or BMI >25	Discuss needs in Multi disciplinary team conference FL2 completed If TIA: Discharge with Appropriate plan for follow up care.	Discharge Planning Discuss in Multidisciplinary team conference	Discuss state of completion of discharge plan in Multidisciplinary team conference. Discharge with appropriate plan for follow up care and/ or placement

These guidelines are general and cannot be expected to consider all circumstances related to a particular patient. Decision regarding the use of any guideline with an individual patient remains the responsibility of the patient's physician, taking into account the individual circumstances presented by the patient.

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Medical Director

Approval: 01/06

References: Adams, HP, et al. Guidelines for the Early Management of patients with Ischemic Stroke. Stroke 2003:34: 1056-1083

National Guidelines Clearinghouse , Diagnosis and Initial Treatment of Ischemic Stroke. Bibliographic Sources: Institute for Clinical Improvemen t(ICSI). Diagnosis and Initial Treatment of Ischemic Stroke. Bloomingdale(MN): Institute for Clinical Systems improvement (ICSI):2005 Feb. 63 p.[113 reference