

The Cleveland Clinic Foundation Coordinated Care Track (CCT)

Hospital Day 1

<p><u>Directions:</u></p> <p>1. Review CCT approximately every 8^o</p> <p>2. Appropriate and completed interventions need no additional documentation.</p> <p>3. Cross through any interventions which are not applicable.</p> <p>4. Circle any intervention not completed.</p> <p>5. The plan of care--nursing interventions and outcome evaluation statements--may be added to the CCT as necessary</p>	<p>DRG <u>014</u> Expected LOS <u>5 days</u></p> <p>Physician(s) _____</p> <p>_____</p> <p>Admit Date _____</p> <p>Discharge Date _____</p> <p>Surgery/Procedure _____</p> <p>_____</p> <p>Date of Surgery/Procedure _____</p> <p>_____</p>	<p>Comorbid Conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ASHD/ASO <input type="checkbox"/> CHF <input type="checkbox"/> A-fib/flutter <input type="checkbox"/> IDDM <input type="checkbox"/> Hypertension/PIH <input type="checkbox"/> Stroke/TIA/VBI <input type="checkbox"/> Carotid Stenosis <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> Recent head/neck trauma <input type="checkbox"/> Altered mental status <input type="checkbox"/> PVD <input type="checkbox"/> Thrombophlebitis <input type="checkbox"/> Renal disease <input type="checkbox"/> Dehydration 	<p style="text-align: center;">Imprint/Label</p> <hr/> <p>Complications during this admission:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Title: SUSPECTED STROKE: CEREBRAL INFARCT/HEMORRHAGE</p>		<p>Risk Factors:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Obesity <input type="checkbox"/> High Cholesterol/lipids <input type="checkbox"/> Family Hx <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> ETOH/Substance Abuse <input type="checkbox"/> Birth Control Pills <input type="checkbox"/> Smoking </td> </tr> </table>		<ul style="list-style-type: none"> <input type="checkbox"/> Obesity <input type="checkbox"/> High Cholesterol/lipids <input type="checkbox"/> Family Hx <input type="checkbox"/> Other 	<ul style="list-style-type: none"> <input type="checkbox"/> ETOH/Substance Abuse <input type="checkbox"/> Birth Control Pills <input type="checkbox"/> Smoking 						
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Date	Problem List	Discharge Criteria	Date Initially Met	Met on Discharge	
				Yes	No
	1. Altered tissue perfusion 2. Immobility 3. Potential for bleeding related to anticoagulation 4. Potential for aspiration 5. Knowledge deficit	1. CT scan with no acute changes 2. Hemodynamically stable 3. Baseline LOC 4. Baseline mobility 5. No bleeding at angio site 6. Negative angio or recannulation			
		Explain any discharge criteria not met:			

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 This is a general guideline to assist in the management of patients.
 This guideline is not designated to replace clinical judgment or individual patient needs.