

**The Cleveland Clinic Foundation Coordinated Care Track (CCT)**  
Hospital Day 2

Time Frame Location	Hospital Day 1 POD Date Unit G-60.	Hospital Day 2		POD	
		Date	Unit G60	Date	Unit H61
<b>Patient Satisfaction</b>	<b>What can we do to enhance your stay with us?</b>	<b>What can we do to enhance your stay with us?</b>			
<b>Discharge Planning</b>		Transfer to RNF Simple/Complex discharge needs identified		Simple/Complex discharge needs identified Identify patient's primary caregiver _____ Note PT/OT evaluation If rehab of HHC needs are noted, consult ASC (4-HOME)	
<b>Patient Education</b>	Instruct pt. & family of importance in keeping leg with sheath straight Provide patient/family with information re: diagnosis/treatment	Reinforce keeping leg straight Bleeding precautions		Reinforce keeping leg straight Bleeding precautions Begin Coumadin teaching	
<b>Tests/Procedures/ Consults</b>	1. APTT 4hr. after study drug 2. Send blue top tube 4 hr. after 24hr to special studies lab 3. Resp. Tx Consult	CBC with diff.      EKG  SMA-17                INR/PTT  ALT                     U/A  CT W/O (5x5 cuts)  Speech Therapy Consult  PT/OT Consult  Social Work  ASC			
<b>Allied Health Interventions</b>					

<b>Nursing/Medical Interventions</b>	<ol style="list-style-type: none"> <li>1. VS with neuro checks q.1/2hr x4 then q.1hr x24</li> <li>2. Call Neurology primary service (2-3845) for BP&gt;170/90 or &lt;110/70</li> <li>3. Flat in bed x6hrs &amp; complete BR x12hrs.</li> <li>4. Assess angio site for bleeding</li> <li>5. D/C heparin drip including flush to sheath 4hr after heparin started. Use 0.9%NS @ KVO for sheath</li> <li>6. D/C sheath 2hr after heparin drip is D/C'd</li> <li>7. No protamine Sulfate</li> <li>8. No volume expanders</li> <li>9. No oral anti-coagulation for 24hr post-infusion</li> <li>10. NG LIS</li> <li>11. O2 @ 2l to keep sat &gt;92%</li> <li>12. Seizure precaution</li> <li>13. Initiate Eliprodil cyto-protective drug</li> <li>14. Initiate NICU standing orders</li> </ol>	<ol style="list-style-type: none"> <li>1. VS with Neuro checks q2hr</li> <li>2. Call Neurology primary service (2-3845) for BP&gt;170/90 or &lt;110/70</li> <li>3. Assess angio site for bleeding</li> <li>4. Assist with ADL's as needed</li> <li>5. Aspiration precautions</li> <li>6. Diet _____</li> <li>7. Bleeding precautions</li> <li>8. Preventative skin care</li> </ol>	<ol style="list-style-type: none"> <li>1. VS with Neuro checks q4hr</li> <li>2. Call Neurology primary service (2-3845) for BP&gt;170/90 or &lt;110/70</li> <li>3. Assess angio site for bleeding</li> <li>4. Assist with ADL's as needed</li> <li>5. Aspiration precautions</li> <li>6. Diet _____</li> <li>7. Note communication impairment; provide alternative methods</li> <li>8. Initiate anticoagulation therapy 24 hr post- infusion noting baseline INR/PTT</li> <li>9. Bleeding precautions</li> <li>10. Note date &amp; time of thrombolysis to schedule special study labs</li> <li>11. Preventative skin care</li> <li>12. Initiate Antioagulation/Anti-platelet PER</li> </ol>
<b>Outcome Criteria</b>	<ol style="list-style-type: none"> <li>1. Patient/Family Satisfaction Addressed</li> <li>2. Optimal cerebral tissue perfusion</li> <li>3. No sign or symptom of bleeding</li> <li>4. No aspiration</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient/Family Satisfaction Addressed</li> <li>2. Optimal cerebral tissue perfusion</li> <li>3. No sign or symptom of bleeding</li> <li>4. No aspiration</li> </ol>	<ol style="list-style-type: none"> <li>5. Oral anticoagulation/anti-platelet initiated</li> <li>6. No progression of deficit</li> <li>7. Injury free</li> <li>8. Adequate nutrition</li> </ol>

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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.