

Acute Ischemic Stroke Critical Pathway Card

	Admission Day Day 0-1 (1st 24 hrs) ER to ASU/NICU (or direct to ASU)	Day 2 ASU	Day 3 ASU/General Floor
Goals/Outcomes	Identify acute ischemic stroke patient Document time of symptom onset Evaluate for appropriate treatment options and/or clinical trial Avoid Aspiration NIH Stroke Scale (NIHSS) _____ Barthel Index _____	Neuro status stabilized/improved Avoid medical complications (Aspiration, Fever, Infection) Initial Diagnostic tests results documented Rehab therapies initiated as appropriate t-PA pts. transferred from NICU to ASU	Neuro status stabilized/improved Avoid medical complications Diagnostic tests documented Rehab therapies continued as appropriate Pt/Family understands disease process Transfer from ASU→Floor Discharge if appropriate NIHSS _____ Barthel Index _____ (upon dischrq)
Laboratory/Diagnostic Tests	STAT CT brain without contrast EKG CXR Carotid Dopplers Echocardiogram To Consider: • MRI/MRA • CTA • TCD CBC, PT/PTT SMA-7 SMA-12 ESR RPR UA (if febrile) To Consider: • ACLA, LA • ANA, RF • Fibrinogen level • Protein C & S, AT III (if age <55: venous infarct)	Fasting Lipid profile Fasting Homocysteine level Follow up on abnormal tests as needed PTT daily if on heparin PT/INR daily if on warfarin If patient received t-PA: CT brain without contrast To Consider: • MRI/MRA • CTA • TCD (if VB circulation) • TEE	PTT if on heparin PT/INR if on warfarin Follow-up abnormal tests To Consider: • Modified Barium Swallow • SPECT • Angiogram
Assessments/RN Interventions	VS as per Unit/t-PA protocol Neuro check as per Unit/t-PA protocol Cardiac monitoring 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 Institute Falls Risk Precautions Barthel Index completed and documented	VS and Neuro checks per Unit protocol Cardiac monitoring 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 Pulmonary toilet Turn q2° if pt on bed rest ROM as per Rehab if paralysis exists Hand/foot splint as per Rehab as needed	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 To Consider: • D'C cardiac monitor & Pulse Ox & transfer to floor -or- • D'C to home
Medications/Treatments	IV NSS Evaluate admission medications BP meds w/parameters as needed Acetaminophen 650 mg p.o./PR q 4° prn temp >100° Sliding Scale Insulin as needed Bowel regimen prn To Consider: • Antiplatelet treatment • IV heparin • t-PA (No ASA, Heparin or Warfarin for 24 hrs.-Refer to t-PA protocol) • Investigational drug (refer to Protocol)	Renew IVF or IV to heplock Reassess BP meds w/parameters as needed Acetaminophen 650 mg p.o./PR q 4° prn temp > 100° Sliding Scale Insulin as needed Bowel regimen prn Continue from Day One as needed Antiplatelet Therapy IV Heparin To Consider: • Warfarin if indicated • If pt received t-PA, begin antiplatelet treatment or heparin as appropriate • Investigational drug, follow Protocol	Renew IVF, IV to hep lock, or D'C IV Reassess BP meds and parameters as needed Acetaminophen 650mg p.o./PR q4° prn temp.> 100° Sliding Scale Insulin and restart diabetic regimen if appropriate Bowel regimen prn Continue as appropriate -Antiplatelet therapy -IV Heparin → Warfarin If Investigational Drug, follow Protocol
Consults	Notify Case Manager on Admission Notify Social Work on Admission Consult as Needed: • Physical Medicine & Rehabilitation (PM&R) • Speech Therapy • Primary MD • Cardiology	Completion of consults ordered Day 1 Consult as Needed: • Home Health • Rehab Coordinator • Neuropsych • Neurosurgery • Vascular Surgery	Completion of Consults ordered Day 2 GI if feeding tube needed
Activity	Bed rest (HOB up 30°) -or- Increase activity as tolerated To Consider: • Pt may come off monitor for testing or traveling to Rehab Dept.	Bed rest (HOB up 30°) Increase activity as tolerated -or- Increase activity per PM&R	Increase activity as tolerated -or- Pt. seen by PT/OT Increase activity per PM&R
Nutrician	Nutrition Screen NPO/Aspiration Precautions -or- Diet as recommended by Speech	NPO/Aspiration Precautions. Advance diet or per Speech/Dietitian recommendations To Consider: • Temporary Feeding tube	NPO/Aspiration Precautions Tube feeding per Dietitian recommendations -or- Advance diet per Speech/Dietitian Guidelines
Patient/Family Education D'C Planning	Orient to unit routine Educate about disease process Educate about diagnostic tests and meds Discharge Planning Assessment Initiated	Educate about diagnostic tests and meds Discuss discharge care options	Ongoing Stroke Education Start Warfarin teaching as needed Finalize disp. plans (Home, Rehab, SNF) Discharge if appropriate
Comments			