

Welcome to the UK Stroke Service!

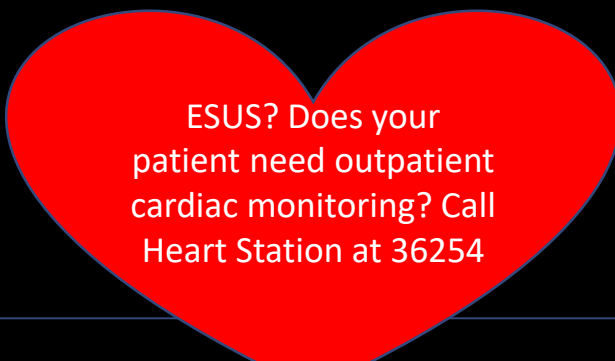
Comprehensive Stroke Metrics for Acute Ischemic Stroke and ICH

On Admission

- NIHSS completed on arrival/ prior to any intervention (IV thrombolysis or thrombectomy)
- tPA considered (door-to-needle **goal < 30min**)
 - If no tPA, document why not
 - Document risks/benefits and verbal consent
- Considered for Thrombectomy
 - If not, document why not
 - Viz.ai notation on admission note
- ICH score if appropriate
 - INR and platelet count; reversal agent if appropriate
- Dysphagia screen prior to **ANY** PO intake
- **CODE STATUS**
- VTE ppx unless contraindicated (tPA, ICH)
- Aspirin unless contraindicated (tPA, ICH)
 - If not, document why not
- Atorvastatin unless contraindicated (allergy)
 - If not, document why not
- Mobility orders per guidelines
- Review home meds, restart AEDs, benzos

During Admission

- If post thrombectomy, document TIC1 score
- TSH, A1c, LDL
- 24 hour head CT post IV tPA
- Assessed by PT/OT/SLP
- Diabetes education
- Smoking cessation if appropriate
- Started on anticoagulation for afib, if applicable
 - If not, why not
- ***MRI and ECHO at the discretion of the attending. Follow the guidance in order sets for appropriate use of ECHO.***



ESUS? Does your patient need outpatient cardiac monitoring? Call Heart Station at 36254

Prior to/At Discharge

- **Diagnosis:** stroke/no stroke
- Document ***all*** medical comorbidities and conditions PRESENT ON ADMISSION (POA)
- **Stroke Mechanism: Take a stand! Choose one!**
- Antithrombotic at discharge
 - If contraindicated, document why
- Statin at discharge (ischemic)
 - If contraindicated, document why
- Stroke education
- NIHSS admission and discharge score
 - Or ICH score if appropriate
- Modified Rankin Scale at admission and discharge
- PHQ-9 and MOCA if acute stroke or ICH
- Follow-up KNI Clinic appointment
 - Transitions of Care 3-14d (if discharging home from admission)
 - KNI Stroke Clinic in 3 months
 - If thrombectomy, KNI Neurosurgery Clinic in 3 months AND needs neuropsychology appointment in 3 and 6 months
- Follow up with Cardiology if event monitor placed

MODIFIED RANKIN SCALE

Documentation of the modified Rankin Scale (mRS) is a Comprehensive Stroke Center metric

The modified Rankin Scale (mRS) relates to long term outcomes and costs in stroke survival

The modified Rankin Scale (mRS) needs to be added to the DISCHARGE SUMMARY for every patient discharged with a diagnosis of acute ischemic stroke

Please use the **UK Stroke Discharge Template**

Find this in the Discharge Tab under Discharge Summary– delete the standard Discharge Summary template in notewriter and search for “Stroke” in SmartText



Modified Rankin Scale (mRS) for standardized evaluation of clinical outcome after stroke

Modified Rankin Scale (mRS)	Clinical Description
0	No symptoms.
1	No significant disability. Able to carry out all usual activities despite some symptoms.
2	Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities.
3	Moderate disability. Requires some help, but able to walk unassisted.
4	Moderately severe disability. Unable to attend to own bodily needs without assistance. Unable to walk unassisted.
5	Severe disability. Requires constant nursing care and attention, bedridden, incontinent.
6	Dead.