

STROKE MANAGEMENT PLAN

U.R.N.									
SURNAME..... D.O.B.									
OTHER NAMES..... SEX									
ADDRESS..... MARITAL STATUS									
..... REL.									

Stroke Management Plan including Thrombolysis Protocol

Guideline / Protocol Reference:

- Stroke Unit Admission Guidelines August 2004.
- Dysphagia Management Policy No. 11/03
- Interim After-hours Dysphagia Screening Policy no 16/05
- Automatic Allied Health referral for Stroke "CVA" and Transient Ischemic Attack "TIA" patients 20/01
- Guidelines for antiplatelet / anticoagulation after an acute stroke October 2004.
- National Acute Stroke Guidelines 2007.

Symptom Management

- Medical review of BP outside 200 / 110 guideline
- Assess and document localisation of pain
- Glasgow Coma Scale Score less than 8 notify R.M.O.
- If patient is coughing post consumption of fluids or diet notify speech pathologist for review

Date of Admission	Expected Length of Stay	Date of Discharge / Transfer	Discharge / Transfer Destination
Unit / Ward	Patient Status	Neurological Incident	Hemisphere
Stroke Unit <input type="checkbox"/>	Public <input type="checkbox"/> Private <input type="checkbox"/>	Infarct <input type="checkbox"/> T.I.A. <input type="checkbox"/> Haemorrhage <input type="checkbox"/> SAH <input type="checkbox"/> Undefined <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/> Brainstem <input type="checkbox"/>
Consultant:			
Medical Officer:			
ACHS CLINICAL INDICATOR NEUROLOGY CI No. 6.1 (This indicator relates to new strokes only). For the purpose of this indicator only patients separated from hospital with a discharge diagnosis of stroke that had a documented CT scan. Did the patient have a CT scan during this admission? Yes <input type="checkbox"/> No <input type="checkbox"/>			
R.M.O. Name and initial: This section is to be completed by Medical Registrar prior to the patient's discharge from hospital.			

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