

Post-stroke discharge checklist Ischemic Stroke



Dr. Matías Alet and Dr. Leonardo Carbonera

The post-stroke hospital discharge checklist has been developed to help healthcare professionals to arrange and prepare patients and family for the hospital discharge after stroke. This checklist follows an order set format and contains recommendations with key aspects for post-stroke hospital discharge in patients after an ischemic stroke or a transient ischemic attack. This checklist is intended to be completed by the medical team in advance to discharge the patient. The specific actions described in the checklist can be further adapted to be implemented locally as standardized patient order set.

STROKE INFORMATION
Symptoms Onset / Last Time Seen Well:/,
NIHSS at discharge: and mRS at discharge:
Acute treatment: IV Thrombolysis Mechanical Thrombectomy Hemicraniectomy Definite diagnosis at discharge: Ischemic stroke Transient ischemic attack Stroke mimic:
STROKE WORKUP
Consider if minimum investigations are complete: - Brain Imaging: NCCT MRI - Vascular Imaging: Carotid/Vertebral Doppler CTA MRA DSA - Perfusion Imaging: CTP MRP - Echocardiography: Transthoracic Transesophageal - Cardiac Rhythm Monitoring: Prolonged ECG monitoring 24h Holter - Laboratory Tests: Antiphospholipid antibodies ANA, ANCA, ESR, CRP, rheumatoid factor, complement levels Toxicology screen - Chest, abdomen and pelvis CT to screen for malignancy
STROKE ETIOLOGY (Assign one or more possible diagnoses based on clinic and workup)
Large artery atherosclerosis: Intracranial Extracranial Cardioembolism: Atrial fibrillation Bioprosthetic and mechanical heart valves Patent Foramen Ovale Other: Small vessel disease Other: Arterial dissection Vasculitis Hypercoagulable states Stroke of Undetermined Cause / Cryptogenic Stroke

POST-STROKE COMPLICATIONS Check if the patient had any complication/s during hospitalization: Myocardial infarction / Heart failure Urinary tract infection Pulmonary embolism Aspiration pneumonia Deep vein thrombosis Pressure-induced skin injury Recurrence/extension of stroke Other: RECOMMENDATIONS Secondary prevention (Consider according to the etiological diagnosis upon discharge) Antiplatelets: Aspirin and/or Clopidogrel and/or other: Anticoagulants: VKA or DOAC or other: **Statins** Anti-hypertensive treatment Diabetes treatment Rehabilitation and discharge destination If the patient will need rehabilitation, check all the modalities that apply: Physiotherapy Occupational therapy Speech language pathology Dietician Social work Other: Check the discharge destination: Home Other hospital Rehabilitation facility Long term care facility/nursing home Follow up Assign the follow-up in the outpatient clinic. If the patient will need a follow-up neuroimaging, define type and time of study. If the patient will need specific work-up studies, inform them and coordinate the

necessary arrangements.

Secondary prevention targets
Discuss with the patient and inform prior to discharge about these important objectives for preventing stroke recurrence: Blood pressure: Systolic less than 130 mmHg and Diastolic less than 80 mmHg LDL - Cholesterol: less than 1.8 mmol/dl (or 70 mg/dL) Triglycerides: less than 135 mg/dL HbA1c: less than 7.0%
Discuss with the patient and inform prior to discharge about these important lifestyle modifications for preventing stroke recurrence: Diet: Low sodium Low fat Low cholesterol Diabetes Physical activity and exercise Body weight: BMI < 25 kg/m2 Waist circumference: < 102 cm - males or < 88 cm - females Smoking cessation with counseling and/or drug therapy

References