

Post-stroke discharge checklist Hemorrhagic Stroke



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The post-stroke hospital discharge checklist has been developed to help healthcare professionals to arrange and prepare patients and families for hospital discharge after a stroke. This checklist follows an order set format and contains recommendations for post-stroke hospital discharge in patients after a hemorrhagic stroke. This checklist is intended to be completed by the medical team before patient discharge. 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:
Type of Hemorrhagic Stroke: Intraparenchymal Hemorrhage Where?: Basal Ganglia Thalamus Brainstem Cerebellum Lobar Subarachnoid Hemorrhage Origin found?: Aneurysmal Peri-mesencephalic Subdural Hematoma Epidural Hematoma Other:
STROKE WORKUP
Consider if minimum investigations are complete: - Brain Imaging: NCCT MRI - Vascular Imaging: Carotid/Vertebral Doppler CTA MRA DSA - Echocardiography: Transthoracic Transesophageal - Cardiac Rhythm Monitoring: Prolonged ECG monitoring 24h Holter - Toxicology screen - Chest, abdomen and pelvis CT to screen for malignancy
STROKE ETIOLOGY (Assign one or more possible diagnoses based on clinic and workup)
Systemic: Hypertension Bleeding disorders Amyloid Angiopathy Medication: Anticoagulants Antiplatelets Structural: Arteriovenous malformations Cerebral Cavernous Malformations Hematologic Conditions: Sickle Cell Anemia Hemophilia Thrombocytopenia Other: Undiagnosed cause

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) **Statins** Anti-hypertensive treatment Diabetes treatment If the patient was taking antiplatelets and/or anticoagulants, check if restart is needed. 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