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**

https://www.strokejournal.org/article/S1052-3057(17)30527-X/fulltext
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