



GREY BRUCE HEALTH NETWORK

ISCHEMIC/HEMORRHAGIC STROKE CLINICAL PATHWAY STAGE 3 - REHABILITATION

SITE: GBHS - Owen Sound

PATIENT ID

INCLUSION CRITERIA:

All Ischemic and Hemorrhagic Stroke patients over 18 years of age admitted to hospital.

HOW TO USE THE CLINICAL PATHWAY

1. This is a proactive tool to avoid delays in treatment and discharge.
These are not orders, only a guide to usual orders.
2. Place the Clinical Pathway in the pathway section of the chart.
All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway.
3. **Please have assessment section ready for assessment date and progress section ready for future meetings when patient is for review at team meetings.**
4. **Staff to complete pathway and sign with initials in INK.**
5. PHYSICIANS: Add or delete tasks according to individual patient complexity, and initial all changes.
6. HEALTH CARE PROFESSIONALS: Initial tasks as completed.
Place N/A and initial any box where the task is not applicable to the patient. Additional tasks due to patient individuality can be added to the pathway in "OTHER" boxes and/or Progress Notes.
7. TRANSFER PATIENTS: If patient is transferred to another hospital in Grey-Bruce or to CCAC, send a copy of the following to the receiving site/agency:
 - Discharge Criteria - original to stay on patient chart
 - MAR Sheet - original to stay on patient chart
 - Anticoagulant Record - original to stay on patient chart
 - Teaching Checklist - original to stay on patient chart
 - Caregiver Checklist - original to stay on patient chart



GREY BRUCE HEALTH NETWORK

**ISCHEMIC/HEMORRHAGIC STROKE
CLINICAL PATHWAY
STAGE 3 - REHABILITATION
SITE: GBHS - OWEN SOUND**

PATIENT ID _____

END DATE: _____

COMORBID CONDITIONS: _____

PROCESS	ASSESSMENT PHASE (Approximately 1 Week)		DATE MET	INITIAL	
PERFORMANCE INDICATORS	1 GOALS WERE ESTABLISHED	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A			
CERNER ORDER	ISCHEMIC/HEMORRHAGIC STROKE PATHWAY (STAGE 3 - REHABILITATION)				
ASSESSMENT/ INTERVENTION	NATIONAL REHABILITATION REPORTING SYSTEM INITIATED (FIM™)				
	SKIN INTEGRITY ASSESSMENT COMPLETED (BRADEN ASSESSMENT)				
	FALLS/SAFETY ASSESSMENT COMPLETED				
	ANTI AMBOLI STOCKINGS SIZED				
	NURSING ASSESSMENT				
CONSULTS	CLINICAL NUTRITION				
	PHYSIOTHERAPY				
	PSYCHOLOGY				
	OCCUPATIONAL THERAPY				
	RECREATION THERAPY				
	SOCIAL WORK				
	SPEECH LANGUAGE PATHOLOGY	LANGUAGE			
		SWALLOWING			
	DISCHARGE PLANNING				
	CCAC				
OTHER:					
DIAGNOSTIC/ INVESTIGATION	INITIATION OF POINT OF CARE TESTING (GLUCOMETER)				
	BLOOD WORK AS ORDERED				
	OTHER:				
MEDICATIONS	SEE MAR SHEET				
CONTINENCE	INCONTINENT	BLADDER <input type="checkbox"/> YES <input type="checkbox"/> NO			
		BOWEL <input type="checkbox"/> YES <input type="checkbox"/> NO			
	COLOSTOMY				
	BOWEL ROUTINE INITIATED	TIME OF DAY: _____			
TRIGGER MEAL: _____					
NUTRITION	DYSPHAGIA SCREENING TOOL				
	METHOD OF FEEDING: <input type="checkbox"/> ORAL <input type="checkbox"/> TUBE				
	<input type="checkbox"/> DIET AS PER DYSPHAGIA SCREENING TOOL <input type="checkbox"/> REGULAR TEXTURE - HEALTHY HEART DIET <input type="checkbox"/> SPECIAL DIET: _____				

PROCESS	ASSESSMENT PHASE (Approximately 1 Week)							DATE MET	INITIAL	
MOBILITY	APPROPRIATE SEATING AND POSITION DETERMINED: <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> OTHER: _____									
	TRANSFER TYPE DETERMINED: <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> SUPERVISED <input type="checkbox"/> ONE PERSON ASSIST <input type="checkbox"/> 2 PERSON ASSIST <input type="checkbox"/> 3 PERSON ASSIST <input type="checkbox"/> EARLY HEMI <input type="checkbox"/> MODIFIED HEMI <input type="checkbox"/> PIVOT <input type="checkbox"/> SLIDING BOARD									
	AMBULATION AS PRESCRIBED BY THERAPIST									
ACTIVITIES OF DAILY LIVING (See Kardex)	EATING	1	2	3	4	5	6	7		
	GROOMING	1	2	3	4	5	6	7		
	BATHING	1	2	3	4	5	6	7		
	SHOWERING	1	2	3	4	5	6	7		
	DRESS UPPER BODY	1	2	3	4	5	6	7		
	DRESS LOWER BODY	1	2	3	4	5	6	7		
	TOILETING	1	2	3	4	5	6	7		
	BED-CHAIR TRANSFER	1	2	3	4	5	6	7		
	TOILET TRANSFER	1	2	3	4	5	6	7		
	TUB/SHOWER TRANSFER	1	2	3	4	5	6	7		
	KITCHEN SKILLS	1	2	3	4	5	6	7		
SELF MEDS	1	2	3	4	5	6	7			
COMMUNICATION/ COGNITION/ PERCEPTION	COGNITION ASSESSMENT									
	PERCEPTION ASSESSMENT									
SECONDARY PREVENTION	MODIFIABLE RISK FACTORS ASSESSMENT * INDICATES SIGNIFICANT RISK FACTOR FOR STROKE	<input type="checkbox"/> HYPERTENSION*								
		<input type="checkbox"/> DIABETES*								
		<input type="checkbox"/> CURRENT SMOKER								
		<input type="checkbox"/> SMOKER ON THE PATCH								
		<input type="checkbox"/> SUBSTANCE ABUSE								
		<input type="checkbox"/> HYPERLIPIDEMIA								
		<input type="checkbox"/> FAILED ANTIPLATELET THERAPY (ALREADY TAKING ASA)								
		<input type="checkbox"/> ATRIAL FIBRILLATION								
		<input type="checkbox"/> POSTMENOPAUSAL HRT								
		<input type="checkbox"/> WEIGHT (BMI >25)								
<input type="checkbox"/> PHYSICAL ACTIVITY										
<input type="checkbox"/> WHIPLASH/MANIPULATION										
EDUCATION/ ORIENTATION	REVIEW WITH PATIENT/FAMILY - "WELCOME TO THE REHAB UNIT" BROCHURE, FOLLOWED BY A TOUR OF THE UNIT									
	REHAB PROGRAM AND EXPECTATIONS INITIATED WITH PATIENT/FAMILY	PARTICIPATION IN PROGRAM								
		UNIT ROUTINES								
		GETTING DRESSED DAILY								
		WEEKEND PASSES								
	FAMILY CONFERENCES									
	CONFIRM PATIENT/FAMILY HAVE - "LIVING WITH STROKE"									
	ADVANCE DIRECTIVES CONSIDERED, DISCUSSED AND DOCUMENTED									
APPROPRIATE SELF MANAGEMENT PROGRAM										
FOLLOW UP ISSUES/CONCERNS										
DISCHARGE PLANNING/ CAREGIVER TRAINING	ANTICIPATED PATIENT DISCHARGE PLAN REVIEWED WITH PATIENT/FAMILY									
	ANTICIPATED TEAM DISCHARGE PLAN REVIEWED WITH PATIENT/FAMILY									
	PLANNED DISCHARGE DESTINATION: _____									



GREY BRUCE HEALTH NETWORK

STROKE CLINICAL PATHWAY

Braden Risk Assessment

SITE: GBHS - Owen Sound

PATIENT ID

	SCORING (Key on Reverse)				DATE	DATE	DATE
RISK FACTOR	1	2	3	4	SCORE		
Sensory Perception: Ability to respond meaningfully to pressure—related discomfort	Completely Limited	Very Limited	Slightly Limited	No Impairment			
Moisture: Degree to which skin is exposed to moisture	Constantly Moist	Often Moist	Occasionally Moist	Rarely Moist			
Activity: Degree of Physical Activity	Bedfast	Chair Fast	Walks Occasionally	Walks Frequently			
Mobility: Ability to change and control body position	Completely Immobile	Very Limited	Slightly Limited	No Limitations			
Nutrition: Usual food intake pattern	Very Poor	Probably Inadequate	Adequate	Excellent			
Friction and Sheer	Problem	Potential Problem	No Apparent Problem				
TOTAL SCORE							
NURSE'S INITIALS							

Nursing Intervention: Once you have assessed the patient and identified a risk category (high, moderate, or low), carry out the following interventions for the patient's risk category.

LOW RISK (SCORE > 15)	MODERATE RISK (SCORE 13-14)	HIGH RISK (SCORE < 12)
Ongoing assessment for change in status related to any of the six risk areas	Initiate and document plan of care on Kardex and Unit specific Progress Notes including:	Includes "Moderate Risk Intervention" plus requested referral to: -Physiotherapy -Occupational Therapy -Dietitian
Document reassessment weekly on Kardex	-Activity level (i.e. turning, positioning)	
	-Contingence management -Monitoring of pressure point areas -Monitor nutritional status	
	-Skin care tools used: prevention mattresses or treatment (i.e. air mattresses), creams, bed hoop, trapeze, dressings -Patient education re: prevention	



GREY BRUCE HEALTH NETWORK

ISCHEMIC/HEMORRHAGIC STROKE CLINICAL PATHWAY STAGE 3 - REHABILITATION

SITE: GBHS - Owen Sound

PATIENT ID

PROCESS	TEAM ASSESSMENT PHASE PROGRESS SUMMARY	Initial Assessment	WEEK OF: <small>(Monday's Date)</small>	WEEK OF: <small>(Monday's Date)</small>	WEEK OF: <small>(Monday's Date)</small>	
PERFORMANCE INDICATORS	2 SCREENED FOR MOOD DISORDERS	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A				
	3 SPEECH/LANGUAGE INTERVENTION COMPLETED MONDAY TO FRIDAY FOR APHASIA	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A				
MEDICAL	DRIVING STATUS REVIEWED					
MOBILITY <small>(See Kardex, Progress Notes, Database)</small>	UPPER LIMB STATUS: <u>CM STAGING</u>					
	ARM 1 2 3 4 5 6 7					
	HAND 1 2 3 4 5 6 7					
	LOWER LIMB STATUS: <u>CM STAGING</u>					
	LEG 1 2 3 4 5 6 7					
	FOOT 1 2 3 4 5 6 7					
	ENDURANCE	PATIENT ATTENDING ALL THERAPIES	EXCELLENT GOOD FAIR POOR			
		PATIENT SITTING IN CHAIR LONGER	EXCELLENT GOOD FAIR POOR			
ERGOMETER (MIN)						
NUSTEP (MIN)						

PROCESS	TEAM ASSESSMENT PHASE							Initial Assessment	WEEK OF: <u> </u> (Monday's Date)	WEEK OF: <u> </u> (Monday's Date)	WEEK OF: <u> </u> (Monday's Date)
	PROGRESS SUMMARY										
ACTIVITIES OF DAILY LIVING <i>(See Kardex)</i>	TOILET TRANSFER	1	2	3	4	5	6	7			
	TUB/SHOWER TRANSFER	1	2	3	4	5	6	7			
	KITCHEN SKILLS		2	3	4	5					
	SELF MEDS	Independent (I)		Supervised (S)							
SKIN INTEGRITY	REVIEW BRADEN SCALE										
CONTINENCE <i>(See Kardex)</i>	BLADDER MANAGEMENT	CONTINENT (C)		INCONTINENT (IN)							
		SUPRA PUBIC CATH (EC)	INDWELLING CATH (C)	INTERMITTANT CATH (IC)							
		DEPENDENT (D)		INDEPENDENT (ID)							
		OSTOMY (O)									
	BOWEL MANAGEMENT	CONTINENT (C)		INCONTINENT (IN)							
		DEPENDENT (D)		INDEPENDENT (ID)							
		OSTOMY (O)									
COMMUNICATION <i>(See Kardex, Database)</i>	AUDITORY COMPREHENSION	1	2	3	4	5					
	READING COMPREHENSION	1	2	3	4	5					
	VERBAL EXPRESSION	1	2	3	4	5					
	WRITTEN EXPRESSION	1	2	3	4	5					
	FUNCTIONAL COMMUNICATION (ORAL MECHANISM/APRAXIA/VOICE)		1	2	3	4	5				

PROCESS	TEAM ASSESSMENT PHASE PROGRESS SUMMARY		Initial Assessment	WEEK OF: <small>(Monday's Date)</small>	WEEK OF: <small>(Monday's Date)</small>	WEEK OF: <small>(Monday's Date)</small>
NUTRITION/ SWALLOWING <small>(See Kardex, Progress Notes, Database)</small>	DYSPHAGIA DIET WITH THICKENED FLUIDS: PUREED (DDP) MINCED (DDM) SOFT (DDS) REGULAR FLUIDS, MODIFIED TEXTURE: PUREED (RFP) MINCED (RFM) SOFT (RFS) REGULAR TEXTURE: HEALTHY HEART DIET (HHD) OTHER:					
	NUTRITIONAL STATUS	WEIGHTS / ADEQUATE INTAKE				
	EDUCATION	ATTENDED CLASS (C) INDIVIDUAL INSTRUCTION (I) NO TEACHING PLANNED (NTP)				
VISION <small>(See Kardex, Database)</small>	VISUAL FIELD DEFICIT		YES / N/A			
	DIPLOPIA (DOUBLE VISION)		YES / N/A			
	BLURRED/LOW VISION		YES / N/A			
COGNITION/MOOD <small>(See Kardex, Progress Notes)</small>	ORIENTATION (PERSON/PLACE/TIME)		0 1 2 3			
	ATTENTION/CONCENTRATION		1 2 3 4 5 6 7			
	LEARNING/MEMORY		1 2 3 4 5 6 7			
	PROBLEM SOLVING		1 2 3 4 5 6 7			
	EXECUTIVE FUNCTION/PROCESSING		1 2 3 4 5 6 7			
	SOCIAL INTERACTION		1 2 3 4 5 6 7			
	MOOD AND AFFECT	SEVERE (S) MODERATE (MOD) MILD (MILD) NO PROBLEM (NP)				
PERCEPTION <small>(See Kardex, Progress Notes, Database)</small>	LEFT/RIGHT NEGLECT	SEVERE IMPAIRMENT (SI) MODERATE IMPAIRMENT (MODI) MILD IMPAIRMENT (MILDI) INTACT (I)				
	VISUAL SPATIAL DEFICIT	SEVERE IMPAIRMENT (SI) MODERATE IMPAIRMENT (MODI) MILD IMPAIRMENT (MILDI) INTACT (I)				
	APRAXIA	SEVERE IMPAIRMENT (SI) MODERATE IMPAIRMENT (MODI) MILD IMPAIRMENT (MILDI) INTACT (I)				
	OTHER: _____	SEVERE IMPAIRMENT (SI) MODERATE IMPAIRMENT (MODI) MILD IMPAIRMENT (MILDI) INTACT (I)				

PROCESS	TEAM ASSESSMENT PHASE PROGRESS SUMMARY							Initial Assessment	WEEK OF:	WEEK OF:	WEEK OF:	
									(Monday's Date)	(Monday's Date)	(Monday's Date)	
LEISURE COMPETENCE <i>(See Recreation Database)</i>	LEISURE - AWARENESS	1	2	3	4	5	6	7				
	LEISURE - ATTITUDE	1	2	3	4	5	6	7				
	LEISURE - SKILLS	1	2	3	4	5	6	7				
	CULTURAL SOCIAL BEHAVIOURS	1	2	3	4	5	6	7				
	INTERPERSONAL SKILLS	1	2	3	4	5	6	7				
	SOCIAL CONTACT	1	2	3	4	5	6	7				
	COMMUNITY INTEGRATION SKILLS	1	2	3	4	5	6	7				
	COMMUNITY PARTICIPATION	1	2	3	4	5	6	7				
PSYCHOSOCIAL	SOCIAL RISK INDICATORS							I - Identified	A - Addressed			
	FINANCIAL ISSUES							I - Identified	A - Addressed			
	HOUSING ISSUES							I - Identified	A - Addressed			
	STRATEGIES TO ASSIST THE CAREGIVER							I - Identified	A - Addressed			
	COMMUNITY PARTNERS ARE INFORMED OF DISCHARGE PLANS AND NEEDS							I - Identified	A - Addressed			
SAFETY <i>(See Kardex)</i>	SAFETY MANAGEMENT	PATIENT	HIGH	MED	LOW	UNKNOWN						
		CAREGIVER	HIGH	MED	LOW	UNKNOWN						
	HIGH-RISK ACTIVITIES REVIEWED		YES / NO									
SECONDARY PREVENTION <i>(See Doctor's Progress Notes,</i>	MODIFIABLE RISK FACTORS REVIEWED											
	RISK FACTOR PLAN MODIFIED											
DISCHARGE PLANNING <i>(See Kardex, Teaching Checklist)</i>	DISCHARGE DESTINATION											
	PLACEMENT PAPERS HAVE BEEN INITIATED							YES / NO				
	PATIENT TEACHING			INITIATED (I)		CHECKLIST COMPLETED (C)						
	CAREGIVER TEACHING			INITIATED (I)		COMPLETED (C)						
	WEEKEND PASS		UNSUCCESSFUL (U)		SUCCESSFUL (S)		PROGRESSING (P)					
COMMUNITY NETWORKING		1	2	3	4	5	6	7				
COMMENTS/NOTES:								REVIEW DATE				
								RECORDER INITIALS				

CHEDOKE SCALE:	1	FLACCID PARALYSIS. NO REFLEX ACTIVITY.
	2	SPASTICITY IS PRESENT AND IS FELT AS RESISTANCE TO PASSIVE MOVEMENT. SOME PRESENCE OF SYNERGIES.
	3	SPASTICITY IS MARKED. SYNERGISTIC MOVEMENTS CAN BE ELICITED VOLUNTARILY, BUT ARE OBLIGATORY.
	4	SPASTICITY DECREASES. SYNERGY PATTERNS CAN BE REVERSED IF MOVEMENT TAKES PLACE IN THE WEAKER SYNERGY FIRST.
	5	SPASTICITY WANES, BUT EVIDENT ON RAPID MOVEMENT. SYNERGY PATTERN CAN BE REVERSED EVEN IF THE MOVEMENT TAKES PLACE IN THE STRONGEST SYNERGY FIRST.
	6	COORDINATION AND PATTERNS OF MOVEMENT ARE NEAR NORMAL
	7	NORMAL

ENDURANCE SCALE:	EXCELLENT	PATIENT PARTICIPATING IN ALL SCHEDULED ACTIVITIES
	GOOD	PATIENT ATTENDING ALL SCHEDULED THERAPIES, BUT REQUIRES SOME REST PERIODS DURING THE DAY
	FAIR	PATIENT PARTICIPATION IN SCHEDULED THERAPIES IS LIMITED TO TWICE A DAY, WITH FREQUENT REST PERIODS THROUGH THE DAY
	POOR	PATIENT UNABLE TO SIT UP FOR TWO HOURS



GREY BRUCE HEALTH NETWORK

**ISCHEMIC/HEMORRHAGIC STROKE
CLINICAL PATHWAY
STAGE 3 - REHABILITATION
SITE: GBHS - Owen Sound**

PATIENT ID

PROCESS	DISCHARGE CRITERIA		DATE MET	INITIAL
PERFORMANCE INDICATORS	4 SECONDARY PREVENTION RISK FACTORS ADDRESSED	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A		
	5 DRIVING STATUS REVIEWED	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	SPEECH/LANGUAGE AND/OR SWALLOWING FOLLOW UP ARRANGED IF NEEDED			
CONSULTS				
DIAGNOSTICS/ LABORATORY	OUTPATIENT BLOOD WORK ARRANGED IF NEEDED			
MEDICATIONS	MEDS EXPLAINED TO PATIENT AND FAMILY			
	TEACHING BY PHARMACIST			
TREATMENTS/ INTERVENTIONS	BOWEL AND BLADDER ROUTINE ESTABLISHED			
NUTRITION	DIET EDUCATION COMPLETED			
MOBILITY/ACTIVITY	PATIENT IS SAFE IN MOBILITY AND ACTIVITIES OF DAILY LIVING WITHIN FUNCTIONAL ABILITY AND DISCHARGE DESTINATION			
	PATIENT AWARE OF LEISURE COMPETENCE			
	APPROPRIATE AIDS IF REQUIRED			
PSYCHOSOCIAL SUPPORT/ EDUCATION	PATIENT/FAMILY AWARE OF RISK FACTORS AND MANAGEMENT			
	PATIENT/FAMILY HAVE UNDERSTANDING OF STROKE EDUCATION			
	CAREGIVER TRAINING/EDUCATION COMPLETED			
DISCHARGE PLANNING	PATIENT AND FAMILY AWARE OF FOLLOW UP APPOINTMENT			
	CCAC DISCHARGE PLAN COMPLETED			
	FOLLOW UP OUTPATIENT THERAPY AS APPROPRIATE			

