

Name MRN (Patient Identification)	VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298 Stroke Care Plan Standardized Performance Measures Checklist
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For Ischemic Stroke and TIA Patients, complete ALL items (#1 through 10)
For Spontaneous ICH and SAH Patients, complete shaded items (#2, 4, 6, 9, 10)

Health Care Professionals: Print name, sign, and date each item completed.

1. Patient received IV Tissue Plasminogen Activator (TPA) at VCU Medical Center
 Yes Date: _____ Time: _____ Print name: _____ Sign: _____
 No Explanation: >3hrs Other: _____
2. Patient screened for dysphagia (includes bedside water swallow test) **prior** to any oral intake such as food, fluids or medications (including ASA)
 Yes Date: _____ Time: _____ Print name: _____ Sign: _____
 No Explanation: _____
3. Antithrombotic medication initiated by end of Hospital Day 2
 Yes Agent: Aspirin Aggrenox Plavix
 No Explanation: _____ Date: _____ Print name: _____ Sign: _____
4. DVT prophylaxis initiated by end of Hospital Day 2
 Yes Agent/Treatment: UFH LMWH SCD
 No Explanation: Pt. ambulating Date: _____ Print name: _____ Sign: _____
5. Patient with atrial fibrillation is discharged on anticoagulant therapy
 Yes Agent: Warfarin UFH LMWH
 No Explanation: _____ Date: _____ Print name: _____ Sign: _____
6. Rehabilitation (PT, OT, ST or PM&R) has been consulted
 Yes Date: _____ Print name: _____ Sign: _____
 No Explanation: TIA/no symptoms Other: _____
7. Patient discharged from hospital on antithrombotic medication
 Yes Agent: Aspirin Aggrenox Plavix Warfarin Other
 No Explanation: _____ Date: _____ Print name: _____ Sign: _____
8. Obtain a lipid profile, including LDL, within 48 hrs of admission (unless results known within past 30 days). Patient with LDL >100, or on a cholesterol reducing medication prior to admission, is discharged on a cholesterol reducing drug.
 Yes Date: _____ Print name: _____ Sign: _____
 No Explanation: _____
9. Stroke education given (warning signs, when to call 911, risks factors, meds, follow-up appointments)
 Yes Date: _____ Print name: _____ Sign: _____
 No Explanation: _____
10. Smoking cessation education given
 Yes Date: _____ Print name: _____ Sign: _____
 No Explanation: Nonsmoker Other: _____