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| Name | VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298 |
| MRN | |
| (Patient Identification) | |
| Stroke Care Plan Standardized Performance Measures Checklist | |

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 Professional: Print/stamp name, sign, and date each item completed.

1. Patient received IV-Tissue Plasminogen Activator (TPA)
 Yes Date: _____ Time: _____ Print name: _____ Sign: _____
 No Explanation: >3hrs Other: _____

2. Patient screened for dysphagia **prior** to any oral medication (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 receives 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, by end of Hospital Day 2 (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, F/u appts.)
 Yes Date: _____ Print name: _____ Sign: _____
 No Explanation: _____

10. Smoking cessation education given
 Yes Date: _____ Print name: _____ Sign: _____
 No Explanation: Nonsmoker Other: _____