

Memorial Health University Medical Center

Clinical Pathway: CVA (Ischemic or ICH DRG 14)

Anticipated LOS: 5.0 Days

Date:

□□ / □□ / □□

Patient Identification

□□□□□□□□□□

Time Initiated:

□□:□□

Emergency Department Phase 1-3 Hours

Plan of Care	Evaluation	Comments
Progression Outcomes *Neurological status stable @ baseline *Oxygenation & ventilation adequate	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	<input type="radio"/> ICH <input type="radio"/> Ischemic If ICH, discontinue pathway after the t-LU phase is complete
Assessment & Evaluation Neuro Deficits Assessed q 30 minutes X 2 Vital signs WNL/parameters set by MD	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Diagnostics As Ordered: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Treatments Oxygen Continuous cardiac monitoring	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Medications/ IV Fluids IV fluids rt-PA (to be given only within 3 hours of symptom onset) Ordered □□:□□ Administered: □□:□□ Heparin protocol <input type="radio"/> Standard <input type="radio"/> LowDose <input type="radio"/> Not Ordered <input type="radio"/> Individual heparin dose per MD Ordered □□:□□ Administered: □□:□□ Antihypertensives	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Heparin Bolus <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	rt-PA: Time from symptom onset to rt-PA administration □□:□□
Diet & Nutrition NPO	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Elimination Bladder function evaluated	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Activity & Safety Bedrest	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Education Patient/Family informed of diagnosis and treatment plan Transfer to an inpatient unit explained	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Consults & Referrals Neurologist response: Arrivesw/in: <input type="radio"/> 30 min <input type="radio"/> 30m - 1hr <input type="radio"/> 1-2hrs <input type="radio"/> 2-3hrs <input type="radio"/> 3-4hrs <input type="radio"/> > 4hrs <input type="radio"/> Refers to private teaching <input type="radio"/> Refers to attending <input type="radio"/> Will see in AM On call stroke nurse arrives within 30 mins of page	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	Neurologist arrival time: □□:□□
Psychosocial & Discharge Transfer to: <input type="radio"/> NICU <input type="radio"/> 5 Neuro <input type="radio"/> Other _____ Time from order to admit/transfer to inpatient unit until actual transfer occurs: <input type="radio"/> <1 hr <input type="radio"/> 1-2hrs <input type="radio"/> 3-4hrs <input type="radio"/> 5-6hrs <input type="radio"/> 7-8hrs <input type="radio"/> >8		
Signatures	Nurse Signatures	Multidisciplinary Signatures
/	/	/
/	/	/
/	/	/
	07:00-15:00	
	15:00-23:00	
	23:00-07:00	

