

Memorial Health University Medical Center

Clinical Pathway: CVA (Ischemic or ICH DRG 14)

Anticipated LOS: 5.0 Days

Date:

/ /

Patient Identification

Ischemic

Room #

ICH

Day 2

Plan of Care	Evaluation	Comments
Progression Outcomes *Neurological status unchanged or improving *Oxygenation & ventilation adequate *Appropriate diet implemented *Knowledge of diagnosis and treatment plan	<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"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Assessment & Evaluation *Vital signs WNL/parameters set by MD *Skin Intact Communication methods in place Ischemic Diagnosis Confirmed: <input type="checkbox"/> L Hemisphere <input type="checkbox"/> Embolic <input type="checkbox"/> R Hemisphere <input type="checkbox"/> Lucunar	<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"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Diagnostics Carotid Ultrasound Cardiac Echo PT/INR if on coumadin (per MD order) PTT (per Heparin protocol) Swallowing evaluation if indicated	<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"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Treatments Oxygen Cardiac Monitor Correct positioning of flacid extremity	<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"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Medications/ IV Fluids Continuous IV / Consider D/C if appropriate Antihypertensives PRN <input type="radio"/> Plavix <input type="radio"/> Ticlid <input type="radio"/> Aggrenox <input type="radio"/> Other <input type="radio"/> Coumadin <input type="radio"/> Persantine <input type="radio"/> ASA	<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"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Diet & Nutrition Aspiration Precautions *Diet as indicated (HOB up 90 degrees while eating) <input type="radio"/> 100% <input type="radio"/> 75% <input type="radio"/> 50% <input type="radio"/> 25% <input type="radio"/> 0% <input type="checkbox"/> Liquid <input type="checkbox"/> Soft <input type="checkbox"/> NPO	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Elimination Foley catheter Voiding without incontinance Bowel Movement	<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"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Activity & Safety *Out of bed BID total of 2 hrs (Nursing +Therapy) HOB up 30 degrees Falls protocol ongoing Assistive devises/orthoses	<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"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Consults & Referrals *Document appropriateness of Rehab referral <input type="radio"/> PT <input type="radio"/> OT <input type="radio"/> ST <input type="radio"/> Dietician <input type="radio"/> RN Case Manager <input type="radio"/> SW Case Manager <input type="radio"/> Pharmacist <input type="radio"/> Diabetic ducator <input type="radio"/> MD _____ Recommendations for further therapy: <input type="radio"/> Inpatient <input type="radio"/> Home & OP Therapy <input type="radio"/> NH <input type="radio"/> Home with Day Rehab <input type="radio"/> Subacute <input type="radio"/> Home with Home Health	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Psychosocial & Discharge *Discharge options reviewed with patient/family Psychosocial information reviewed	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NA	
Signatures Nurse Signatures _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____	Multidisciplinary Signatures _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____	_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
	07:00-15:00 15:00-23:00 23:00-07:00	