

Stroke Discharge Process

At or close to discharge, the following should be done on all stroke patients.

	Ischemic Stroke	Hemorrhagic Stroke
Data entered into the Stroke Navigator		
Severity scores	Admission and discharge NIHSS* Pre-stroke modified Rankin Score*	Admission ICH Score*
Etiology of stroke	Large artery atherosclerotic: Intracranial vs. extracranial; stenotic vs. non-stenotic Cardioembolic: Afib, PFO-related stroke, Other Cerebral small vessel disease (lacunar stroke in the setting of risk factors and background imaging findings) Arterial dissection: Vessel(s) affected; Traumatic, provoked or spontaneous Other known cause: Periprocedural, blood disorder, systemic condition, other Multiple potential causes identified (ex: carotid artery stenosis and Afib) Cryptogenic: Embolic Stroke of Undetermined Source or lacunar in the absence of risk factors or imaging findings consistent with cerebral small vessel disease	Hypertensive hemorrhage Cerebral amyloid angiopathy (definite, probable, possible) Anticoagulation associated Structural lesion (bleeding into a mass) Systemic disease (coagulopathy of liver failure, hematologic disorder) Other known cause More than one mechanism identified Cryptogenic
Final Note should include		
Neuro exam	Comprehensive exam, plus NIHSS*	Comprehensive
Further work up if needed	Ex: TEE with bubble, prolonged cardiac monitoring	Ex: follow up MRI or vascular imaging
Tests pending at discharge	Ex: antiphospholipid antibodies	
Secondary stroke prevention measures	Antithrombotic recommendations* BP goals & and med changes during hospitalization Statin prescribed at discharge, and if no statin prescribed, state the contraindication* LDL at the time stroke, whether or not and what dose statin pt was on at the time of stroke, and any adjustments in statin made. State if ezitimbe was added or is recommended to be added (LDL not < 70 despite high-intensity statin use for > 6 weeks) Lifestyle changes recommendations (smoking cessation, diet, exercise, etc.)	Avoidance of antithrombotics unless benefit is thought to outweigh the risk & patient shared decision making is documented BP goals & and med changes during hospitalization Whether or not statin is indicated for non-ICH reasons Lifestyle changes recommendations (smoking cessation, diet, exercise, etc.)
Discharge destination	If not being discharged to rehab, must state that the patient was assessed for rehab and no rehab needs were identified*	If not being discharged to rehab, must state that the patient was assessed for rehab and no rehab needs were identified*
Discharge Tab		
Problem list	Review, update and correct any inaccuracies	Review, update and correct any inaccuracies
Arrange any needed follow up	Primary Care Provider Stroke Clinic Physiatry Neurointerventionalist Other	Primary Care Provider Stroke Clinic Physiatry Neurosurgery Other
Stroke Education	Ischemic Stroke After Visit Summary*	Hemorrhagic Stroke After Visit Summary*

***PART OF JC CORE METRICS: ensure all are met at the time of discharge.**