

Patient name/ID sticker

## **HEMORRHAGIC STROKE PATIENT DAILY CHECK LIST**

### I. Review medications:

- A. Anti-platelets/anticoagulants being avoided?  Yes  No  
- NSAIDs and SSRIs are weak platelet inhibitors and risk:benefit should be considered prior to continuing  
- If the patient has an indication for oral anticoagulation – see *Timing of initiation of OAC after hemorrhagic stroke*
- B. Blood pressure controlled?  Yes  No  
- Increase/add oral agents as needed. Target <130/<80 while in house.
- C. Statins are not indicated for prevention of hemorrhagic stroke, but should be given if there is another indication for their use (use the ASCVD risk calculator)
- D. Blood glucose controlled (goal 140-180)?  Yes  No  
- Oral diabetic meds should be held & SQ insulin used to control BG. Titrate insulin if BG not at goal.

### II. Review work-up (see *Acute Hemorrhagic Stroke Work up*)

- A. **Vascular imaging** indicated?  Yes  No Specify:  CTA  MRA  MRV  diagnostic cerebral angiogram
- B. **Follow up head CT** done to ensure stability of the hemorrhage?  Yes  No
- C. **MRI brain** indicated?  Yes  No
- D. **TTE / TEE** only indicated if there is a concern for infective endocarditis
- F. **Coagulation panel and platelets** done?  Yes  No

### III. Consults completed (check box if done and document date/time)

- PT  OT  ST  Physiatry  Smoking cessation counseling  Nutrition  other: \_\_\_\_\_

### IV. General stroke care:

- Can activity level be increased?
- Aspiration precautions being followed?
- Is the patient being fed? NGT should be placed in any stroke patient expected to be NPO for > 24 hours.
- IVF appropriate? Check IV sites for signs of infection.
- D/c Foley if in place
- Patient having bowel movements? Adjust bowel regimen as needed.
- Check for bed sores. Paretic limbs elevated? Heal protectors in place? Wound care needed?
- VTE prophylaxis in place? See *VTE prophylaxis in stroke patients*
- If INR needed, is it ordered for the morning labs?

### Prior to discharge:

- A. Hemorrhagic Stroke education provided?  Yes  No
- B. If indicated, plan to start anticoagulation in place?  Yes  No
- D. Follow-up arranged with:
- PCP
  - Neurologist
  - Physiatrist
  - Anticoagulation clinic if needed
- E. Any issues delaying discharge? \_\_\_\_\_
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