

# Stroke Talking Points

## What:

- Provide intravenous tPA (Tissue Plasminogen Activator) within 180 minutes of onset of stroke symptoms
- Provide antithrombotic medication by Day Of Stay 2
- Provide DVT (deep vein thrombosis) prophylaxis for patients at risk by the second hospital day
- Conduct a standard swallow evaluation or document that the patient has passed a bedside swallow screening prior to oral intake
- Prescribe antithrombotics (e.g., warfarin, aspirin, other antiplatelet drug) at discharge or document contraindication
- Prescribe anticoagulation therapy -- warfarin (Coumadin) or heparin/heparinoids -  
- at discharge to patients with atrial fibrillation unless an absolute or relative contraindication is documented
- Provide cholesterol-reducing drugs at discharge to patients who have LDL  $\geq$  or = 100 mg/dL OR who were taking cholesterol reducer prior to admission
- Provide smoking cessation advice or medication (e.g., Nicoderm or Zyban) at discharge

## Physician Role:

The physician should use the Stroke Order Set.  
The order set is available in Formsfast

## Why:

An evidence based practice produces better outcomes than its alternative.

Better outcomes have the potential to affect:

Mortality: Decreased mortality

Cost of Care: Decreased cost per inpatient case

Time in ICU : Decreased time in intensive care in the last 6 months of life

Reliability: Increased delivery of evidence-based care 100% of the time

Importance for Patients and Families

When caregivers intervene quickly, patients are less likely to experience severe complications from stroke and the possibility of long-term disability.