

ST. JOHN'S HOSPITAL **DIAGNOSIS: OCCLUSIVE CEREBRAL DISEASE**

Springfield, Missouri MARK "X" IF ORDERED

PHYSICIAN:

TLOS: 4 days

MESSAGES	LEVEL: I DATE:				
	Facilitate therapy consults ASAP when patient stable.				
TESTS	<input type="checkbox"/> CBC \bar{c} diff <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> INR/PT <input type="checkbox"/> PTT <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Mg <input type="checkbox"/> Pre-albumin <input type="checkbox"/> SED rate <input type="checkbox"/> UA <input type="checkbox"/> Fasting Lipid Profile <input type="checkbox"/> Homocystine Level <input type="checkbox"/> EKG (12 Lead) <input type="checkbox"/> Echo <input type="checkbox"/> Hypercoagulable Profile (Protein C, Protein S, Antithrombin III, Lupus Anticoagulation Screen, Anticardiolipin Antibodies) <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Carotid Duplex <input type="checkbox"/> Head CTA <input type="checkbox"/> TEE <input type="checkbox"/> Cerebral Ateriogram <input type="checkbox"/> TCD <input type="checkbox"/> Head CT Scan: <input type="checkbox"/> \bar{c} contrast <input type="checkbox"/> \bar{s} contrast <input type="checkbox"/> MRA neck vessels: <input type="checkbox"/> with <input type="checkbox"/> without gadolinium <input type="checkbox"/> MRI Brain: <input type="checkbox"/> with <input type="checkbox"/> without gadolinium <input type="checkbox"/> MRA cerebral vessels: <input type="checkbox"/> with <input type="checkbox"/> without gadolinium		11-7	7-3	3-11
	Order oral meds as liquids for tube administration as indicated. ID bracelet \checkmark 'ed <input type="checkbox"/> Tylenol prn Temperature > _____. (See MAR) Allergy bracelet \checkmark 'ed Notify physician if expected pain relief not obtained				
NEURO MUSCULO SKELETAL	<input type="checkbox"/> Bedrest <input type="checkbox"/> Chair ____ X/day <input type="checkbox"/> Up \bar{c} assist <input type="checkbox"/> BRP \bar{c} assist Chair/Up \bar{c} assist NIH stroke scale upon admission. NIHSS Neurochecks \bar{q} 4h & prn. Neurochecks Bed \downarrow /# of SR \uparrow				
	4 Side Rails \uparrow due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] \downarrow LOC [E] Patient's request				
CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ \bar{q} 4h & prn. Notify physician if temperature \uparrow 100.5°F Cough, Deep Breathe BP limits: _____ Telemetry If SaO ₂ < 90%, O ₂ 2-4lpm, notify physician. O ₂ O ₂ : <input type="checkbox"/> NC: _____ lpm. <input type="checkbox"/> _____ % CAG mask. <input checked="" type="checkbox"/> Cardiac monitor <input type="checkbox"/> SMI \bar{q} 2h SMI \bar{q} 2h <input checked="" type="checkbox"/> SCD's hose SCD's Suction NT/oral prn. Suction				
	<input checked="" type="checkbox"/> NPO until bedside dysphasia screen by nurse. Diet instruction <input checked="" type="checkbox"/> If dysphasia screen failed \rightarrow <input type="checkbox"/> NPO until swallowing study done by speech therapist. Notify physician/speech therapy if dysphagia screen positive [] Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____ Assist \bar{c} feeding Up in chair for all meals unless contraindicated. Aspiration precautions (HOB \uparrow -for 30 minutes after meals, etc) Aspiration precautions <input type="checkbox"/> IV Fluids: _____ at _____ ml/h. IV \checkmark 'ed \bar{q} 2h <input type="checkbox"/> Tube feeding: _____ at _____ ml/h. R / L nare. Feeding tube irrigation I & O Feeding tube placement \checkmark 'ed Check gastric residual prior to administration of tube feeding Gastric Residual Void/Cath: <input type="checkbox"/> Foley (Foley inserted: _____) Foley Cath Care				
INTEGUMENTARY	Turn \bar{q} 2h : <input type="checkbox"/> Self <input type="checkbox"/> \bar{c} assistance Turn Complete/partial bath/Shower \bar{c} assist. Bath/Shower Skin care \bar{q} shift & prn. Personal Hygiene Oral care \bar{c} soft toothbrush t.i.d. Oral care <input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe \bar{q} 24h and prn. <input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____ <input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____ <input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.				
	Discuss plan of care with pt/SO Plan of care discussed Management Rounds _____				
TEACHING/ DISCHARGE PLANNING	<input checked="" type="checkbox"/> Stroke education per stroke educator. (See Progress Notes) <input checked="" type="checkbox"/> Daily multi-disciplinary team meeting for rehab / discharge planning Resource Person/Care Reviewed By _____ Instruct: Pain management to pt/SO Give Pain Brochure to pt/SO (if not done). []				
	Neuropsych: Dr. _____ <input type="checkbox"/> Rehab consult: Dr. _____ <input checked="" type="checkbox"/> Stroke Educator <input checked="" type="checkbox"/> Smoking cessation on all smokers <input type="checkbox"/> Social Services for family/financial assistance. <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> TCU evaluation <input type="checkbox"/> Clinical Nutrition <input type="checkbox"/> Diabetic education. <input type="checkbox"/> HHC referral <input type="checkbox"/> Rehab eval – bed list: _____ Pastoral Services: Spiritual assessment & plan of action				
MISC. INTERVENTIONS	If transferred out of unit, start with Level II of pathway.				

LEVEL I: Patient Assessment & Progress

ASSESSMENT SYMBOLS																	
<p>BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.</p>																	
MEDS/PAIN MANAGEMENT	<p>Pain level (0-10)</p> <p>No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES</p>																
	<p>Pain Level p̄ intervention(s). (Time/Level 1-10)</p>																
NEUROLOGICAL MUSCULOSKELETAL	<p>Neurological status stable. Alert, oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach midline. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact.</p> <p>Fall Risk <input type="checkbox"/> NIH Scale <input type="checkbox"/></p>																
CARDIO-VASCULAR	<p>VS within acceptable parameters. Skin warm, dry. Normal color. Heart tones audible, regular rhythm. No calf tenderness. Peripheral pulses palpable. <input type="checkbox"/> Cardiac Monitor: _____</p>																
RESPIRATORY	<p>SaO₂ > 90%. Respirations unlabored. Nonproductive cough. Clear breath sounds. Breath room air / O₂ as per pathway.</p>																
GASTRO-INTESTINAL	<p>Tolerates 25% of diet. Abdomen soft, nontender c̄ audible bowel sounds. Feeding tube patent. Placement checked c̄ air bolus auscultation. Irrigates easily.</p>																
	<p>Last BM: _____</p>																
FLUID BALANCE/IV	<p>Output > 240ml/8h. Voids s̄ difficulty/Foley patent. Clear yellow / amber urine.</p> <p>IV No drainage or redness. <input type="checkbox"/> No IV.</p>																
INTEGUMENTARY INCISION	<p>Skin intact, non-reddened.</p> <p>Mucous membranes moist.</p> <p>Braden Scale <input type="checkbox"/></p>																
PSYCHO-SOCIAL	<p>pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.</p>																
TEACHING	<p>pt/SO states / demonstrates understanding of CVA plan of care. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.</p>																
PHYSICIAN COMM	<p>1 Paged in hospital 5 DX report called TIME CODE</p> <p>2 Paged per service 6 Report faxed</p> <p>3 Office contact 7 Physician contact</p> <p>4 Home contact 8 Physician present</p> <p>*Physician order</p>																

DIAGNOSIS: OCCLUSIVE CEREBRAL DISEASE

MARK "X" IF ORDERED

PHYSICIAN: _____ [] ENTER TIME TLOS: 4 days

MESSAGES		11-7	7-3	3-11
<p>LEVEL: II DATE: _____</p> <p><i>Facilitate therapy consults ASAP when patient stable.</i></p>				
<p>TESTS</p> <p><input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ <input type="checkbox"/> CMP _____ <input type="checkbox"/> INR/PT _____ <input type="checkbox"/> PTT _____</p> <p><input type="checkbox"/> Other: _____</p>				
<p>MEDS/PAIN MGMT</p> <p>Tylenol prn Temperature > _____ (See MAR) ID bracelet ✓'ed</p> <p>Order oral meds as liquids for tube administration as indicated Allergy bracelet ✓'ed</p> <p>Notify physician if expected pain relief not obtained</p>				
<p>NEURO MUSCULO SKELETAL</p> <p>Activities c̄ assist. Bedrest</p> <p><input type="checkbox"/> Bedrest <input type="checkbox"/> Chair ___X/day <input type="checkbox"/> Up ad lib. Chair/Up c̄ assist</p> <p><input type="checkbox"/> Up c̄ assist <input type="checkbox"/> BRP c̄ assist Up ad lib</p> <p>NIH stroke scale. NIHSS</p> <p>Neurochecks q̄4h & prn. Neurochecks</p> <p>Bed ↓/# of SR ↑</p> <p>4 Side Rails ↑ due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] ↓ LOC [E] Patient's request</p>				
<p>CARDIO-VASCULAR RESPIRATORY</p> <p>VS & SaO₂ q̄4h & prn. Notify physician if temperature ↑ 100.5°F Cough, Deep Breathe</p> <p>BP limits: _____ Telemetry</p> <p>O₂: <input type="checkbox"/> NC: _____ lpm. <input type="checkbox"/> _____ % CAG mask. O₂</p> <p>Maintain SaO₂ > 90%.</p> <p><input checked="" type="checkbox"/> Cardiac monitor SMI q̄2h SMI q̄2h</p> <p><input checked="" type="checkbox"/> SCD's hose Discontinue SCD's when fully ambulatory SCD's</p> <p>Suction NT/oral prn. Suction</p>				
<p>GASTROINTESTINAL METABOLIC/FLUID BALANCE</p> <p><input checked="" type="checkbox"/> NPO until bedside dysphasia screen by nurse.</p> <p><input checked="" type="checkbox"/> If dysphasia screen failed → <input type="checkbox"/> NPO until swallowing study done by speech therapist.</p> <p>Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____ Assist c̄ feeding</p> <p>Up in chair for all meals unless contraindicated. Aspiration precautions</p> <p><input type="checkbox"/> Tube feeding: _____ at _____ ml/h. R / L nare. Feeding tube irrigation</p> <p><input type="checkbox"/> IV Fluids: _____ at _____ ml/h. Feeding tube placement ✓'ed</p> <p>I & O Gastric Residual</p> <p>Void/Cath: <input type="checkbox"/> Foley (Check c̄ physician q̄24h regarding Foley. Foley inserted: _____) IV ✓'ed q̄2h</p> <p>Foley Cath Care</p>				
<p>INTEGUMENTARY</p> <p>Turn q̄2h : <input type="checkbox"/> Self <input type="checkbox"/> c̄ assistance Turn</p> <p>Complete/partial bath/Shower c̄ assist. Bath/Shower _____</p> <p>Skin care q̄ shift & prn. Personal Hygiene</p> <p>Oral care c̄ soft toothbrush t.i.d. Oral care</p> <p><input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe q̄24h and prn.</p> <p><input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____</p> <p><input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____</p> <p><input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.</p>				
<p>PSYCHO-SOCIAL</p> <p>Plan of care discussed c̄ pt/SO Plan of care discussed</p> <p>Management Rounds</p>				
<p>TEACHING/DISCHARGE PLANNING</p> <p><input checked="" type="checkbox"/> Stroke education per stroke educator. (See Progress Notes)</p> <p><input checked="" type="checkbox"/> Daily multi-disciplinary team meeting for rehab / discharge planning</p> <p>Resource Person/Care Reviewed By _____</p>				
<p>CONSULTS</p> <p>Neuropsych: Dr. _____ <input type="checkbox"/> Rehab consult: Dr. _____</p> <p><input checked="" type="checkbox"/> Stroke Educator <input checked="" type="checkbox"/> Smoking cessation on all smokers <input type="checkbox"/> Social Services for family/financial assistance.</p> <p><input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> TCU evaluation</p> <p><input type="checkbox"/> Clinical Nutrition <input type="checkbox"/> Diabetic education. <input type="checkbox"/> HHC referral <input type="checkbox"/> Rehab eval – bed list: _____</p> <p>Pastoral Services: Spiritual assessment & plan of action</p>				
<p>MISC. INTERVENTIONS</p>				

LEVEL II: Patient Assessment & Progress

ASSESSMENT SYMBOLS									
<p>BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.</p>									
DATE									
MEDS/PAIN MANAGEMENT	Pain level (0-10)			/		/		/	
	No objective c/o's restlessness, irritability. No Pain/anxiety not interfering c̄ ADL, sleep or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES								
Pain Level p̄ intervention(s). (Time/Level 1-10)									
NEUROLOGICAL MUSCULOSKELETAL	<p>Neurological status same or improved. Tolerates activity. Maintains sitting/sitting balance c̄ assist. Alert, oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach midline. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact.</p> Fall Risk <input type="text"/> NIH Scale <input type="text"/>								
	<p>VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, regular rhythm. <input type="checkbox"/> Cardiac Monitor: _____</p>								
RESPIRATORY	<p>SaO₂ > 90%. Respirations unlabored. Nonproductive cough. Clear breath sounds. Breathing room air / O₂ as per pathway.</p>								
GASTRO-INTESTINAL	<p>Tolerates 25-50% of diet. Abdomen soft, nontender c̄ audible bowel sounds. Feeding tube patent. Placement checked c̄ air bolus auscultation. Irrigates easily.</p> Last BM: _____								
	<p>Output > 240ml per 8h. Voids s̄ difficulty/Foley patent. Clear yellow / amber urine. IV No drainage or redness. <input type="checkbox"/> No IV.</p>								
INTEGUMENTARY INCISION	<p>Skin intact, non-reddened. Mucous membranes moist. Braden Scale <input type="text"/></p>								
PSYCHO-SOCIAL	<p>pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.</p>								
TEACHING	<p>pt/SO states / demonstrates understanding of CVA plan of care. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.</p>								
PHYSICIAN COMM	1 Paged in hospital	5 DX report called	TIME	CODE					
	2 Paged per service	6 Report faxed							
	3 Office contact	7 Physician contact							
	4 Home contact	8 Physician present							
	*Physician order								

ST. JOHN'S HOSPITAL Springfield, Missouri **DIAGNOSIS: OCCLUSIVE CEREBRAL DISEASE**

MARK "X" IF ORDERED

PHYSICIAN: _____ [] ENTER TIME TLOS: 4 days

MESSAGES	LEVEL: III DATE: _____			
TESTS	<input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ <input type="checkbox"/> CMP _____ <input type="checkbox"/> INR/PT _____ <input type="checkbox"/> PTT _____ <input type="checkbox"/> Other: _____			
MEDS/PAIN MANAGEMENT	Tylenol prn Temperature > _____ (See MAR)		ID bracelet ✓'ed	
	Notify physician if expected pain relief not obtained		Allergy bracelet ✓'ed	
NEURO MUSCULO SKELETAL	Activities c̄ assist.		Chair	
	<input type="checkbox"/> Chair ___X/day <input type="checkbox"/> Ambulate c̄ assist <input type="checkbox"/> Up ad lib. Neurochecks q̄4h & prn. NIHSS		Ambulate c̄ assist	
	4 Side Rails ↑ due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] ↓ LOC [E] Patient's request		Up ad lib	
			Neurochecks	
			NIHSS	
			Bed ↓/# of SR ↑	
CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ qid & prn. Notify physician if temperature ↑ 100.5°F		Cough, Deep Breathe	
	BP limits: _____		Telemetry	
	O ₂ : <input type="checkbox"/> NC: _____ lpm. <input type="checkbox"/> _____ % CAG mask. <input type="checkbox"/> DC/wean O ₂ to room air Maintain SaO ₂ > 90%. <input checked="" type="checkbox"/> Cardiac monitor <input type="checkbox"/> SMI q̄2h <input checked="" type="checkbox"/> SCD's hose DC SCD's when fully ambulatory		O ₂	
	Suction NT/oral prn.		SMI	
			SCD's	
			Suction	
GASTROINTESTINAL METABOLIC/ FLUID BALANCE	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____		Assisted c̄ feeding	
	Up in chair for all meals.		Aspiration precautions	
	<input type="checkbox"/> Tube feeding: _____ at _____ ml/h. R / L nare. <input type="checkbox"/> IV Fluids: _____ at _____ ml/h.		Feeding tube placement ✓'ed	
	I & O		Feeding tube irrigation	
	Void/Cath: <input type="checkbox"/> Foley (Check c̄ physician q̄24h regarding Foley. Foley inserted: _____)		Gastric Residual	
			IV ✓'ed q̄2h	
			Foley Cath Care	
INTEGU-MENTARY	Turn q̄2h : <input type="checkbox"/> Self <input type="checkbox"/> c̄ assistance		Turn	
	Complete/partial bath/Shower c̄ assist.		Bath/Shower _____	
	Skin care q̄ shift & prn.		Personal Hygiene	
	Oral care c̄ soft toothbrush t.i.d.		Oral care	
	<input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe q̄24h and prn. <input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____			
	<input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____			
	<input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.			
PSYCHO-SOCIAL	Discuss plan of care c̄ pt/SO		Plan of care discussed	
			Management Rounds _____	
TEACHING/ DISCHARGE PLANNING	<input checked="" type="checkbox"/> Stroke education per stroke educator. (See Progress Notes) <input checked="" type="checkbox"/> Daily multi-disciplinary team meeting for rehab / discharge planning			
	Begin teaching in preparation for discharge/transfer (meds, activity, diet)			
	Review "Your Brain, Your Life" booklet with patient/family.		Resource Person/Care Reviewed By	
CONSULTS	Neuropsych: Dr. _____ <input type="checkbox"/> Rehab consult: Dr. _____			
	<input checked="" type="checkbox"/> Stroke Educator <input checked="" type="checkbox"/> Smoking cessation on all smokers <input type="checkbox"/> Social Services for family/financial assistance. <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> TCU evaluation <input type="checkbox"/> Clinical Nutrition <input type="checkbox"/> Diabetic education. <input type="checkbox"/> HHC referral <input type="checkbox"/> Rehab eval – bed list: _____			
	Pastoral Services: Spiritual assessment & plan of action			
MISC. INTERVENTIONS				

ASSESSMENT SYMBOLS					
BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.					
DATE		/	/	/	/
MEDS/PAIN MANAGEMENT	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES				
	Pain Level p̄ intervention(s). (Time/Level 1-10)				
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. Tolerates activity. Maintains sitting balance c̄ assist. Alert, oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach midline. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. Fall Risk <input type="text"/> NIHSS <input type="text"/>				
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, regular rhythm. <input type="checkbox"/> Cardiac Monitor: _____				
RESPIRATORY	SaO₂ > 90%. Respirations unlabored. Clear breath sounds. Breath room air / O ₂ as per pathway.				
GASTRO-INTESTINAL	Tolerates 50-75% of diet. Abdomen soft, nontender, bowel sounds present. Feeding tube patent. Placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____				
FLUID BALANCE/IV	Output > 240ml per 8h. Voids c̄ difficulty/Foley patent. Clear yellow / amber urine. IV No drainage or redness. <input type="checkbox"/> No IV.				
INTEGUMENTARY INCISION	Skin intact, non-reddened. Mucous membranes moist. Braden Scale <input type="text"/>				
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.				
TEACHING	pt/SO states / demonstrates understanding of CVA plan of care. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.				
PHYSICIAN COMM	1 Paged in hospital 2 Paged per service 3 Office contact 4 Home contact 5 DX report called 6 Report faxed 7 Physician contact 8 Physician present *Physician order	TIME	CODE		

LEVEL IV: Patient Assessment & Progress

ASSESSMENT SYMBOLS									
<p>BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.</p>									
DATE		/		/		/		/	
MEDS/PAIN MANAGEMENT	<p>Pain level (0-10)</p> <p>No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES</p>								
	<p>Pain Level p̄ intervention(s). (Time/Level 1-10)</p>								
NEUROLOGICAL MUSCULOSKELETAL	<p>Neurological status same or improved. Tolerates activity. Maintains standing balance c̄ assist.</p> <p>Alert, oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach midline. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact.</p> <p>Fall Risk <input type="checkbox"/> NIHSS <input type="checkbox"/></p>								
	<p>VS within expected parameters.</p> <p>Skin warm, dry. Normal color. Heart tones audible, regular rhythm. <input type="checkbox"/> Cardiac Monitor: _____</p>								
RESPIRATORY	<p>SaO₂ > 90%.</p> <p>Respirations unlabored. Non-productive cough. Clear breath sounds. Breath room air / O₂ as per pathway.</p>								
GASTRO-INTESTINAL	<p>Tolerates 50-75% of diet. Normal pattern of elimination. Abdomen soft, nontender c̄ audible bowel sounds. Feeding tube patent. Placement checked c̄ air bolus auscultation. Irrigates easily.</p> <p>Last BM: _____</p>								
	<p>Output > 240ml per 8h. Voids s̄ difficulty.</p> <p>Clear yellow / amber urine.</p> <p>IV No drainage or redness. <input type="checkbox"/> No IV.</p>								
INTEGUMENTARY INCISION	<p>Skin intact, non-reddened.</p> <p>Mucous membranes moist.</p> <p>Braden Scale <input type="checkbox"/></p>								
PSYCHO-SOCIAL	<p>pt/SO states understanding of care provided & demonstrates satisfaction.</p> <p>Appearance, behavior, verbalization appropriate to situation.</p>								
TEACHING	<p>pt/SO states / demonstrates understanding of CVA plan of care.</p> <p>Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.</p>								
PHYSICIAN COMM	<p>1 Paged in hospital 2 Paged per service 3 Office contact 4 Home contact</p> <p>5 DX report called 6 Report faxed 7 Physician contact 8 Physician present *Physician order</p>	TIME	CODE						

ST. JOHN'S HOSPITAL **DIAGNOSIS: OCCLUSIVE CEREBRAL DISEASE**

Springfield, Missouri MARK "X" IF ORDERED

PHYSICIAN: _____ [] ENTER TIME TLOS: 4 days

MESSAGES	LEVEL V: DISCHARGE DATE: _____				
TESTS	<input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ <input type="checkbox"/> CMP _____ <input type="checkbox"/> INR/PT _____ <input type="checkbox"/> PTT _____ <input type="checkbox"/> Other: _____				
MEDS/PAIN MANAGEMENT	Tylenol prn Temperature > _____ (See MAR)		ID bracelet ✓'ed		
			Allergy bracelet ✓'ed		
NEURO MUSCULO SKELETAL	Activities c̄ assist prn. <input type="checkbox"/> Chair _____ X/day <input type="checkbox"/> Up ad lib. <input type="checkbox"/> Ambulate c̄ assist bid. NIHSS on discharge/transfer Neurochecks q̄4h & prn.		Chair		
			Ambulate c̄ assist		
			Up ad lib		
CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ q.i.d. & prn. Maintain SaO ₂ > 90%. <input type="checkbox"/> Cardiac Monitor Discontinue when Discharged or transferred <input checked="" type="checkbox"/> SCD's hose		Telemetry		
			SCD's		
GASTROINTESTINAL METABOLIC/ FLUID BALANCE	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____ Up in chair for all meals. <input type="checkbox"/> Tube feeding: _____ at _____ ml/h. R / L nare. I & O		Assisted c̄ feeding		
			Aspiration precautions		
			Feeding tube irrigation		
INTEGUMENTARY	Turn q̄2h : <input type="checkbox"/> Self <input type="checkbox"/> c̄ assistance Shower c̄ assist. Skin care q̄ shift & prn. Oral care c̄ soft toothbrush t.i.d. <input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe q̄24h and prn. <input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____ <input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____ <input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.		Turn		
			Bath/Shower _____		
			Personal Hygiene		
PSYCHO-SOCIAL	Discuss plan of care c̄ pt/SO Allow verbalization of fears/anxiety re: Discharge/Transfer plan.		Plan of care discussed		
			Management Rounds _____		
TEACHING/DISCHARGE PLANNING	Instruct: Discharge/Transfer meds, activities, diet, & physician follow-up CVA warning signs/symptoms.		Discharge/Transfer teaching		
	Complete Stroke Discharge Record & review c̄ pt/SO. [] <input checked="" type="checkbox"/> Stroke education per stroke educator. (See Progress Notes)				
	<input checked="" type="checkbox"/> Daily multi-disciplinary team meeting for rehab / discharge planning Resource Person/Care Reviewed By _____				
CONSULTS	Neuropsych: Dr. _____ <input type="checkbox"/> Rehab consult: Dr. _____ <input checked="" type="checkbox"/> Stroke Educator <input checked="" type="checkbox"/> Smoking cessation on all smokers <input type="checkbox"/> Social Services for family/financial assistance. <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> TCU evaluation <input type="checkbox"/> Clinical Nutrition <input type="checkbox"/> Diabetic education. <input type="checkbox"/> HHC referral <input type="checkbox"/> Rehab eval – bed list: _____ Pastoral Services: Spiritual assessment & plan of action				
MISC. INTERVENTIONS					

LEVEL V: Patient Assessment & Progress

ASSESSMENT SYMBOLS					
BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.					
DATE		/	/	/	/
MEDS	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES				
	Pain Level p̄ intervention(s). (Time/Level 1-10)				
NEUROLOGICAL MUSCULOSKELETAL	Neurological status stable. Alert, oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach midline. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. Fall Risk <input type="checkbox"/> NIHSS <input type="checkbox"/>				
CARDIO- VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, regular rhythm. <input type="checkbox"/> Cardiac Monitor: _____				
RESPIRATORY	SaO₂ > 90%. Respirations unlabored. Non-productive cough. Clear breath sounds. Breathing room air / O ₂ as per pathway.				
GASTRO- INTESTINAL	Tolerates diet. Normal pattern of elimination. Abdomen soft, nontender c̄ audible bowel sounds. Feeding tube patent. Placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____				
	Fluid Balance/IV Voids s̄ difficulty. Clear yellow / amber urine. IV No drainage or redness. <input type="checkbox"/> No IV.				
INTEGUMENTARY INCISION	Skin intact, non-reddened. Mucous membranes moist. Braden Scale <input type="checkbox"/>				
PSYCHO- SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.				
TEACHING	pt/SO states / demonstrates understanding of Discharge instructions. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.				
PHYSICIAN COMM	1 Paged in hospital 2 Paged per service 3 Office contact 4 Home contact	5 DX report called 6 Report faxed 7 Physician contact 8 Physician present *Physician order	TIME	CODE	