



Clinical Guidance for Inpatient Stroke Care

After the acute emergent care is accomplished, the patient passes into the **in-patient** setting. There are specific issues that can significantly impact the patient's outcome, and these need to be addressed consistently.

- **Prior to any oral intake**, including medication, all stroke patients need to be **screened for dysphagia**. An example of a bedside screen is on this site. Note that all that is needed at first is a screen, not necessarily a video swallow, so any facility can do this even without a speech therapist.
- Since **fever worsens outcomes** in stroke, a temperature greater than 99 degrees needs to be treated aggressively as well as looking for the source of fever.
- Finally, keep **glucose moderately controlled** (120's -180's.)

Unlike MI, the **vascular pathology of stroke is varied** including small vessel occlusion, large vessel occlusion, artery to artery embolism, and cardiac emboli. Since secondary prevention of stroke depends on the vascular pathology, a thorough evaluation of the cause of stroke is necessary. A **minimum evaluation** consists of:

- carotid duplex
- MRI/MRA of the brain
- echocardiography
- monitoring of the cardiac rhythm
- fasting lipid panel and glucose

In general, patients with a low ejection fraction <25% and those with atrial fibrillation should be anti-coagulated. Those with carotid stenosis 70% or greater on the side of the stroke (but not occluded) need to be considered for carotid endarterectomy. All other patients need anti-platelet agents. All patients need aggressive treatment of vascular risk factors.

A thorough **rehabilitation evaluation is essential** for the best patient outcome. PT, OT, and ST consults should be obtained, depending upon the resources available within the facility. For some patients, rehabilitation at an **acute in-patient rehabilitation facility should be seriously considered**, even if it means travel for the patient. The following is a suggested scale to determine if a referral to in-patient rehabilitation is warranted:

Does your patient need assistance with any of the following (Y or N)?

Mobility:

- Bed mobility
- Transfers
- Walking

ADLs:

- Bowel
- Bladder
- Feeding
- Grooming

Dressing
Bathing

Communication/Cognition:

Communication
Decision-making
Problem solving

If the answer is yes to one or more items in more than one category, strongly consider calling an admission coordinator at one of the in-patient rehabilitation facilities.

Admission coordinators for a rehabilitation unit will look at the following criteria for admitting stroke patients:

1. **Medical stability**—determined by accepting rehabilitation physician.
2. Adequate therapy tolerance—at least **3 hours/daily, 5 days a week** or more (mandated by Medicare). The acute rehabilitation admissions coordinator and physician usually review the therapy notes from the referring facility to help determine therapy tolerance.
3. Need for **interdisciplinary services**—the patient will require at least Physical and Occupational Therapy and in special cases Speech Therapy and/or Prosthetic and Orthotic Services (also mandated by Medicare). The **need for 24-hour rehabilitation nursing services** is also required.
4. **Discharge anticipated to NON-INSTITUTIONAL setting**—family and potential caregivers may need to be identified prior to admission, especially if the patient is likely to need assistance after discharge.
5. Admission is usually subject to **financial review prior to acceptance** for inpatient rehabilitation.

Contacts for Admission Coordinators for Montana inpatient rehabilitation units:

BILLINGS: St. Vincent Healthcare, New Hope Rehabilitation Unit
Merle Froslic, R.N at (406) 855-7370

GREAT FALLS: Benefis Healthcare Rehabilitation Unit
Jill Vogel at (406) 455-2973
Deena Sterling at (406) 217-4633 or voegjile@benefis.org

KALISPELL: Kalispell Regional Medical Center Rehabilitation Unit
Kathy Hansen at (406) 756-4723

MISSOULA: Community Medical Center, Rehabilitation Institute of Montana
Kristin Adam (406) 327-4165
Killeen Nielsen, FNP at (406) 327-4430 or knielsen@communitymed.org

MISSOULA: St. Patrick Hospital Inpatient Rehabilitation
Mindy Hogan at (406) 327-3260

Stroke

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Management of Adult Stroke Rehabilitation Care: A Clinical Practice Guideline

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