STROKE PHYSICIAN

DISCHARGE CHECKLIST



DISCHARGE CHECKLIST

PATIENT NAME:

Diagnosis _____

Apparent cause of stroke _____

Patient Arrival

Type of Arrival ☐ EMS ☐ Walk-in ☐ In-hospital stroke

Symptom to door time _____ mins

If arrival by EMS:

Was the hospital prenotified? ☐ Yes ☐ No

Severity Scores	**Arrival**	**24 h**	**72 h**
Glasgow Coma Scale (GCS)			
NIHSS			
	Pre-stroke	**Discharge**	
Mod Ranking Score			

Recanalization Therapy

Did the patient receive recanalization therapy? ☐ Yes ☐ No

rtPA ☐ Yes ☐ No

Door-to-needle time _____ mins

Thrombectomy ☐ Yes ☐ No

Door-to-groin time _____ mins

Door-to-recanalization time _____ mins

Patient referred to another center for endovascular treatment ☐ Yes ☐ No

Name of Center _____

Door-in-door-out time _____ mins

DISCHARGE CHECKLIST

Decompressive Surgery

Was decompressive hemicraniectomy performed?	☐ Yes	☐ No
Referral to another center?	☐ Yes	☐ No
Name of Center		

Imaging

Initial imaging done	☐ Yes, <1h	☐ Yes, >1h	☐ No	
Repeat CT / MRI done	☐ <2 days after initial scan		☐ >2 days after initial scan	
Vascular imaging (CTA, MRA)	☐ < 2 days	☐ 2 - 4 days	☐ 5 – 7 days	☐ > 7 days

Screens to determine cause of stroke

Carotid Doppler	☐ Yes, <7 days	☐ Yes, >7 days	☐ No	
Echocardiography	☐ < 2 days	☐ 2 - 4 days	☐ 5 – 7 days	☐ > 7 days
Holter monitor	☐ < 2 days	☐ 2 - 4 days	☐ 5 – 7 days	☐ > 7 days

Dysphagia Screening ☐ < 24 hours ☐ > 24 hours

Carotid Surgery ☐ Yes ☐ No

Coordination of Care

☐ Stroke Unit ☐ ICU ☐ Neurology Department ☐ General Ward

☐ Other

Nursing Care

☐ Monitoring and treatment of fever ☐ Monitoring and treatment of sugar ☐ DVT prophylaxis (Deep Venous Thrombosis) ☐ Rehab team consultation

☐ Prevention of pressure sores ☐ Fluid balance assessment ☐ Rehabilitation

Patient Education ☐ Stroke educational material handed out ☐ Smoking cessation advice

DISCHARGE CHECKLIST

Initiation of secondary prevention

Discharge on

- ☐ Anticoagulants for patients with AF
- ☐ Antiplatelets for patients without AF
- ☐ Antihypertensives
- ☐ Lipid-lowering therapy

Discharge Date

/ /

Discharge Destination

- ☐ Long term care facility / nursing home
- ☐ Rehabilitation facility
- ☐ Home
- ☐ Other hospital

Quality Monitoring

Data captured in RES-Q

- ☐ Yes
- ☐ No

Stroke specialist, name	Staff number	Signature	Date Time

Please note that the above recommendations are based on the European Stroke Organisation guidelines 2008/update 2009.
Please check your local regulations and prescribing information.

Reference: European Stroke Organisation (ESO). Cerebrovasc Dis 2008;25(5):457-507