

# Case Management for the Acute Stroke Patient

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**FINANCIAL DISCLOSURE:**

No relevant financial relationship exists



# Stroke Program Case Management

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*My Role:*

- Initial Assessment within **24 hours of admission**
- Patient specific **Plan of Care**
- Assessment of patient's **Self-Management** capabilities
- Initiate **Post-Hospital** care conversations
- Follow-up **Daily** regarding goals for transition
- Provide **Education** regarding modifiable risk factors

# Documentation & Communication

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1

IS PATIENT'S ADMISSION ASSOCIATED WITH TIA, ISCHEMIC, OR HEMORRHAGIC STROKE?:

{CM Stroke:36358}

No

LANGUAGE / COG Yes {CM Stroke Int:36359}

{CM Comm Need:36412}

2

IS PATIENT'S ADMISSION ASSOCIATED WITH TIA, ISCHEMIC, OR HEMORRHAGIC STROKE?:

Yes {CM Stroke Int:36359}

Self Management Plan: {Self Management: 36617}

Family / caregiver readiness to provide care (review of skills, capacity and resources to provide post-hospital)

Discussed increased support at home (community paramedic, medical home, home care, etc.) to help transition

Patient to follow up in neurology in 3-6 months

Verified stroke education has been initiated by nursing staff

unable to complete stroke assessment depression screening at this time due to aphasia or critical illness

Discussed lifestyle changes to support self-management activities: {CM Stroke List:36374}

Depression screening assessment completed and documented in flowsheet.

Depression screening score greater than 10 - add .PHQ9RESULTS2 to this documentation

# Documentation cont.

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3

**IS PATIENT'S ADMISSION ASSOCIATED WITH TIA, ISCHEMIC, OR HEMORRHAGIC STROKE?:**

Yes Discussed lifestyle changes to support self-management activities: {CM Stroke List:36374}

**LANGUAGE / COMMUNICATION BARRIERS:**

{CM Comm Need:36412}

**PATIENT / SUBSTITUTE DECISION MAKER GOAL:**

{CM Pt Goals:36346}

**ANTICIPATED NEEDS, TRANSITION CHOICES OFFERED:**

{CM Options:36347}

Blood pressure control: {CM Stroke Act:36362}  
Cholesterol management: {CM Stroke Chol:36363}  
Atrial Fib management: {CM Stroke Afib:36368}  
Sleep Apnea management: {CM Stroke Apnea:36364}  
Smoking cessation: {CM Stroke Smoking:36365}  
Diabetes management: {CM Stroke DM:36370}  
Weight management: {CM Stroke Weight:36371}  
Increase activity: {CM Stroke Activity:36372}  
Medical Follow Up: {CM Stroke PCP:36373}  
Other: \*\*\*

# Case Study

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- 49 y/o Female with SAH secondary to Basilar Artery Aneurysm
  - Hospitalization requiring EVD, VP Shunt
  - 15 days Inpatient
  - High Intensity Recommendation for Rehab
  - Sanford Inpatient Rehab Admission for 11 days
  - Subsequent discharge home with husbands assistance and outpatient therapy
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