

This document is meant to support staff who may not have experience working with the acute stroke population and provides a summary of the typical process and resources required to support patients admitted to hospital following stroke.

For basic information on stroke, refer to the [Stroke 101](#) document

Assessment	Completion of AlphaFIM® Instrument (AlphaFIM®) on or by day 3	Discharge planning/ E-Stroke Rehab Referral Consult the Inpatient Rehab Referral Training document to guide completion of the E-Stroke application https://www.onstrokenetworkto.com/
<p>Initial assessment within 48 hours of admission</p> <p>Refer to Speech Language Pathology (S-LP) stroke assessment checklist</p> <p>Discharge planning should begin as early as possible</p>	<p>If credentialed, complete Alpha-FIM® on or by day 3</p> <p>If not credentialed, connect with a credentialed co-worker to assist in completing the Alpha-FIM®. If you are unable to do this contact Donna Cheung (donna.cheung@uhn.ca) for information on the credentialing process</p>	<p>Does patient meet criteria for rehab?</p> <p>YES (refer to E-Stroke: Making and Managing Referrals in resources section below) Complete the following in E-Stroke:</p> <ul style="list-style-type: none"> ○ Section 6: Abilities and Tolerance: Speech <p>NO Complete a more thorough assessment, collaborate with the patient, family, caregiver and the interprofessional team to determine an appropriate discharge plan. Refer to “Education & Community Resource” in resources section below</p>
RESOURCES		
<ol style="list-style-type: none"> 1. S-LP Stroke Assessment Checklist (see below) 2. AlphaFIM® FAQs 3. Inpatient and Outpatient Stroke Rehab Referral Triage and Transition Standards 4. Tip Sheet (Guide on how to input the referral into E-Stroke) 5. Inpatient Rehab Referrals Training (Guide to ensure all relevant information is included in the application) 6. E-Stroke: Making and Managing Referrals (Review if you are expected to make and manage a referral on behalf of the team) 7. Education & Community Resources <ul style="list-style-type: none"> • Guide for Stroke Recovery • Stroke Resources on Toronto Central Healthline 		

Speech Language Pathology Stroke Assessment Checklist – COVID-19 Pandemic

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Prior to seeing the patient consider the following during the chart review:

- Is the patient NPO for a procedure or surgery?
- Has a swallow screen been completed?
- Are there head of bed restriction orders post-procedure? Does the patient have a drain that requires clamping?
- Review the NIHSS and the Neurology and/or Neurosurgery note if available

Swallowing Assessment	Swallowing Management & Education
<ul style="list-style-type: none"><input type="checkbox"/> All patients admitted with stroke will be screened for risk of dysphagia as soon as possible and within 24 hours of admission, using a validated screening tool<ul style="list-style-type: none">• Patients will remain NPO until screen is completed and passed (negative screen)<input type="checkbox"/> If identified to be at risk for dysphagia (i.e. failed/positive screen) they remain NPO & will require a more detailed clinical swallowing assessment<input type="checkbox"/> If, based on clinical swallowing assessment, patient is considered to be at high risk for oropharyngeal dysphagia or poor airway protection, a videofluoroscopic swallow study (VSS, VFSS) or fiberoptic endoscopic examination of swallowing (FEES), should be considered to guide dysphagia management (e.g. therapeutic intervention).<ul style="list-style-type: none">○ If patient is COVID +ve, VFSS should be considered over FEES, and only performed if deemed necessary. See up to date CASLPO and organization guidelines related to AGMPs.<input type="checkbox"/> Assess readiness for patient, family and caregiver education	<ul style="list-style-type: none"><input type="checkbox"/> Develop an individualized management plan to address therapy for dysphagia, nutritional needs, and specialized nutrition plans. Consider the following:<ul style="list-style-type: none">• Consult RD to support nutrition/hydration needs orally or through enteral nutrition management• Restorative swallowing therapy: e.g. lingual resistance, breath holds and effortful swallows• Compensatory techniques: e.g. consider posture, sensory input with bolus, volitional control, and texture modification• Oral care protocol<ul style="list-style-type: none">- Frequency of oral care- Types of products- Management for dysphagia<input type="checkbox"/> Patients, families and caregivers should receive tailored education on swallowing, prevention of aspiration, and feeding recommendations (consider strategies such as teach back)

Communication Assessment & Education

- All patients admitted with stroke should undergo **communication assessment** as soon as possible and **within 48 hours of admission**, as appropriate. Consider the following:
 - Severity of impairment and determine early rehabilitation needs
 - Use of a valid standardized tools as able, to determine functional activity limitations, role participation restrictions and environmental factors
 - Discharge planning should begin as a component of the initial assessment in collaboration with the patient, family, caregivers and interprofessional team
- Results of communication assessment as well as recommended strategies should be communicated to the interprofessional team, patient, family and caregivers.
- Staff and family should be guided in the use of supported conversation

Complete Alpha-FIM® on or by day 3 (if credentialed)

- If **not credentialed** connect with a credentialed co-worker to assist in completing the Alpha-FIM®. If you are unable to do this contact Donna Cheung (donna.cheung@uhn.ca) for information on the credentialing process

Discharge Planning

Discharge planning should include the interprofessional team and the patient and caregiver/family

If patient meets criteria for rehabilitation

- Fill out E-Stroke Rehab Referral on or by day 5 (as appropriate)
- If you are making and managing the referral application:
 - Assist RN, NP/Physician in entering the content of Sections 3, 5a and 5b on the E-Stroke Rehab Referral system and any other staff who may not have access
 - The Discharge Checklist ([inpatient](#) or [outpatient](#)) must be completed by the individual submitting E-Stroke application. Fax all documents that are available

If patient does not meet criteria for rehabilitation

- Complete necessary assessments (informal and formal) to determine appropriate discharge plan
- Link to appropriate community resources (Aphasia Institute, outpatient rehab, LHIN Homecare, etc)