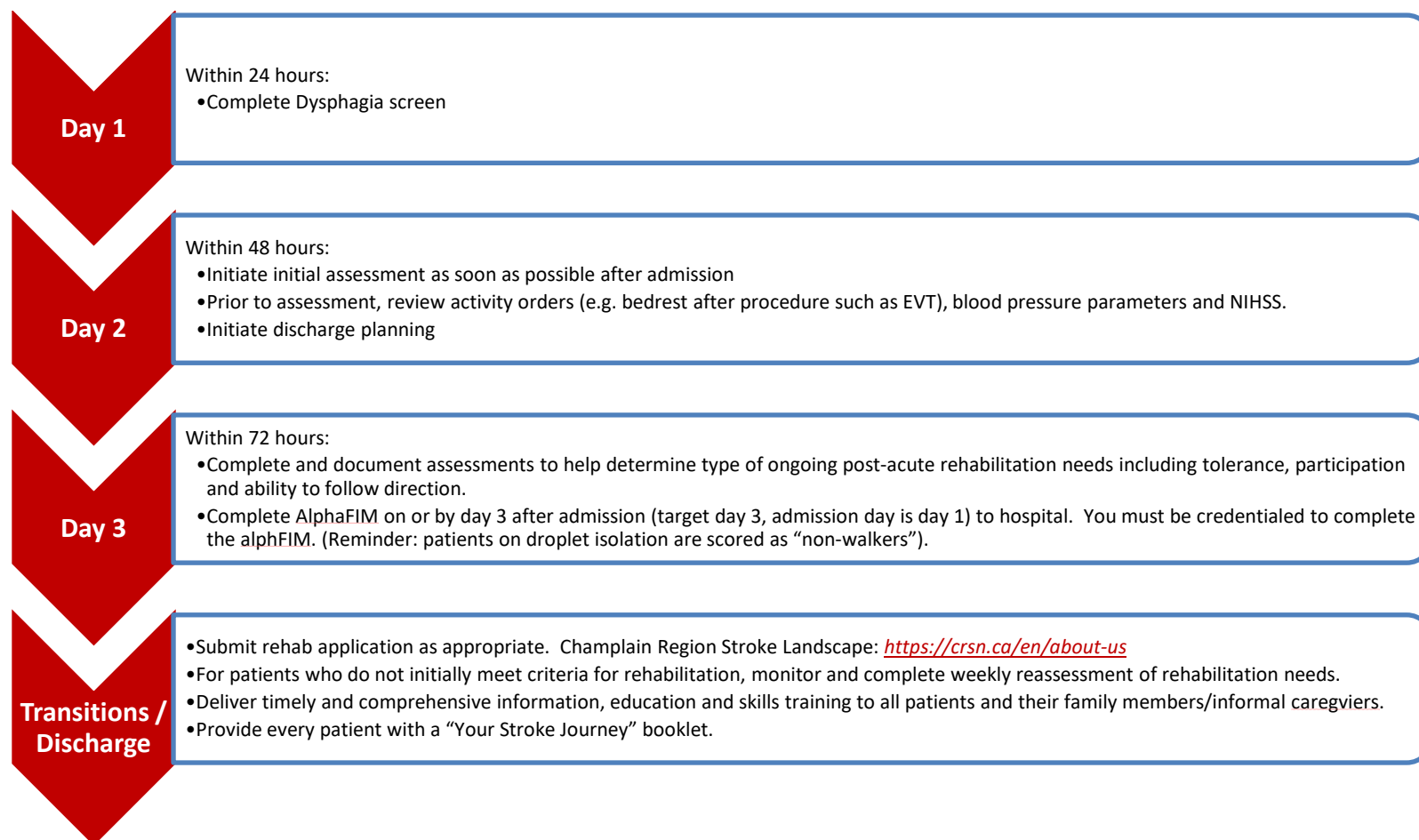**BACKGROUND:** To protect staff, facilitate infectious disease evaluations, and conserve PPE, many hospitals have made the decision to admit all COVID-19 positive patients to specialized COVID-19 units. Many of the staff on these units will not have stroke care training. Stroke guidance documents for stroke best practices have been developed to support staff unfamiliar with managing acute ischemic and hemorrhagic stroke patients. This information is intended to be "guidance rather than directive" and is not meant to replace clinical judgment.

Acute Stroke Care Timelines (CSBPR, 2018)

Day 1

Within 24 hours:
- Complete Dysphagia screen

Day 2

Within 48 hours:
- Initiate initial assessment as soon as possible after admission
- Prior to assessment, review activity orders (e.g. bedrest after procedure such as EVT), blood pressure parameters and NIHSS.
- Initiate discharge planning

Day 3

Within 72 hours:
- Complete and document assessments to help determine type of ongoing post-acute rehabilitation needs including tolerance, participation and ability to follow direction.
- Complete AlphaFIM on or by day 3 after admission (target day 3, admission day is day 1) to hospital. You must be credentialed to complete the alphFIM. (Reminder: patients on droplet isolation are scored as "non-walkers").

Transitions / Discharge

- Submit rehab application as appropriate. Champlain Region Stroke Landscape: *https://crsn.ca/en/about-us*
- For patients who do not initially meet criteria for rehabilitation, monitor and complete weekly reassessment of rehabilitation needs.
- Deliver timely and comprehensive information, education and skills training to all patients and their family members/informal caregviers.
- Provide every patient with a "Your Stroke Journey" booklet.

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.

Visit the CRSN website for more information: www.crsn.ca
- *To learn more on post stroke conditions and to access practice tools: https://crsn.ca/en/clinical-tools-resources*
- *For all patient handouts/infographics: https://crsn.ca/en/resources-for-stroke-care-and-recovery*

Topic	Key Messages	Where to Find More Information
Failed Dysphagia Screen	Within the first 24 hours of admission: • Assess swallowing function using clinical bedside assessment • Perform instrumental assessments *only if absolutely necessary*, or per your hospital's guidelines	**Section 4.6.ii a-e** CSBPRs - Acute Stroke Care **Core competencies for Stroke - SLP** SLP Stroke Core Competencies **CASLPO** CASLPO Dysphagia CASLPO Assessment of Adults
Communication Assessments (language, cognitive communication & motor speech)	Weigh pros and cons of doing communication assessments in COVID suspected or COVID positive patients • Assess only what you need in order to identify rehab needs • Complete a more in-depth assessment *if not identifying deficits* can lead to the patient failing at home and/or will lead to patient bouncing back to hospital For non-English/French speaking patients: • Use of a smart device is a reasonable means of assessing for communication deficits using family as interpreter, wiping down device with disinfectant wipe following session	**Section 8.1.ii a-c** CSBPRs - Acute Stroke Care **Core competencies for Stroke - SLP** SLP Stroke Core Competencies CASLPO CASLPO Acquired Cognitive Communication Disorders CASLPO Assessment of Adults
Prior to or upon discharge:	Facilities using EPIC: • Insert GAP tool in the miscellaneous section of the discharge/AVS • Fill out referral to Outpatient Stroke Rehab (shared document)	

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	Facilities not using EPIC: • Complete GAP tool in your usual manner • Refer to outpatient rehab in your usual manner	
Patients going home awaiting *OUTPATIENT SLP services*	Provide patient with therapy materials to address identified areas of need: • Provide pen and paper activities (e.g. The Source for__, WALC __, HELP__ etc..) • Provide apps that will help address areas of need if they are known to you and you are comfortable recommending them (keeping in mind that patient may need someone to help them with the apps upon discharge) • Provide patient with list of Private Practice SLPs and/or link to CASLPO directory • Provide patient with your name and phone number should they need SLP help while awaiting outpatient rehab	CASLPO Public Register

More resources can be found at:
- Clinical Tools and Resources
- Online Learning and e-Modules

Contact Karen Mallet, Champlain Regional Stroke Network Speech Language Pathologist for questions.

✉ **kmallet@toh.ca**   📞 **613-798-5555 extension 13414**

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