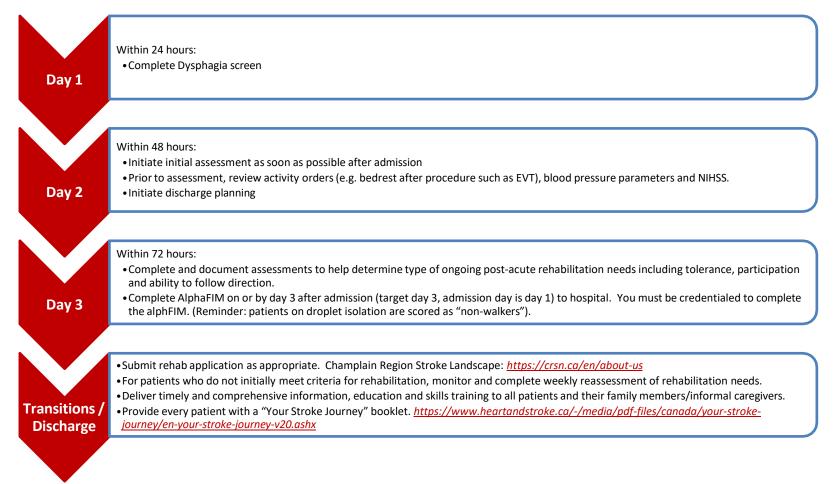


Quick Reference Guide: Speech Language Pathology Stroke Care and Management

BACKGROUND: The Champlain Regional Stroke Network created a set of practical stroke care guidance documents to support healthcare professionals who may not be fully familiar with managing acute ischemic and hemorrhagic stroke patients. The documents are designed to be guidance rather than strict directives, meaning they are intended to support, rather than replace, the clinical judgment of individual healthcare providers. By focusing on stroke care that aligns with best practices, these resources help ensure that stroke patients continue to receive appropriate and timely treatment, despite the challenges of the healthcare system.

Acute Stroke Care Timelines (CSBPR)





Visit the CRSN website for more information: www.crsn.ca

- To learn more on post stroke conditions and to access practice tools: <u>https://crsn.ca/en/clinical-tools-resources</u>
- For all patient handouts/infographics: <u>https://crsn.ca/en/resources-for-stroke-care-and-recovery</u>

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



	Facilities not using EPIC:		
	 Complete GAP tool in your usual manner 		
	 Refer to outpatient rehab in your usual manner 		
	Provide patient with therapy materials to address identified areas of need:		
	 Provide pen and paper activities (e.g. The Source for, WALC, HELPetc) 		
Patients going home awaiting OUTPATIENT SLP services	 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. 	CASLPO Public Register	
	 Provide patient with your name and phone number should they need SLP help while awaiting outpatient rehab 		
Transitions	If the patient has been admitted to your facility while awaiting bed at Inpatient Stroke Rehab:		
	1. It is strongly recommended that this rehab plan be followed.		
	 Any changes to the rehab plan should be made with the input of all Allied Health professions' input. (i.e. SLP, PT, OT, SW). 		
	 If all disciplines are not available at your facility to re-assess rehabilitation needs, then, initial rehabilitation plan should be followed. 		
More resources can be found a	t:		
<u>Clinical Tools and Resou</u>	rces		
 Online Learning and e-N 	<u>1odules</u>		

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



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