

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

Thrombolysis

☐

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