Identifying Unmet Needs 30 Days Following Ischemic Stroke: The Post Stroke Checklist

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Meets standards for
Comprehensive Stroke Center

Introduction

Stroke care often focuses on acute intervention and treatment, but important long-term sequelae are sometimes overlooked and may not be captured in standard outcome measures. The post stroke checklist (PSC) was developed by a Global Delphi Panel comprised of international stroke experts (Global Stroke Community Advisory Panel) with the purpose of identifying unmet needs in stroke patients. The PSC includes 11 items (see figure). The intent is to improve stroke survivor follow-up and ensure that treatable complications are identified and referred for treatment.

Methods

The PSC was administered at 30 days post ischemic stroke in 162 recently hospitalized patients in the outpatient clinic of a Comprehensive Stroke Center. Items were originally scored by a nurse and reviewed with a stroke physician. Age range (median) was 31-97 (68) years. All patients were also scored with Barthel Index (BI), NIH Stroke Scale (NIHSS), and modified Rankin Scale (mRS) during the clinic visit. Actionable items were identified by positive responses to any question on the PSC. The number of patients with actionable items was tabulated.

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Results

The median (range) BI was 100 (10-100), NIHSS was 1 (0-28), and mRS was 1 (0-5). The PSC identified actionable items in 95/162 (59%) patients. In 49/95 (52%) patients, more than one actionable item was identified. The most common items were depression/anxiety 30 (19%), cognitive dysfunction 33 (20%), any new pain 19 (12%) and difficulty with hobbies, work and relationships 18 (11%). All other items were scored positively in less than 10% of patients. The PSC was judged acceptable by both stroke professionals and patients, who felt the items on the PSC identified important issues that otherwise, may have been overlooked in a clinic setting.

Discussion

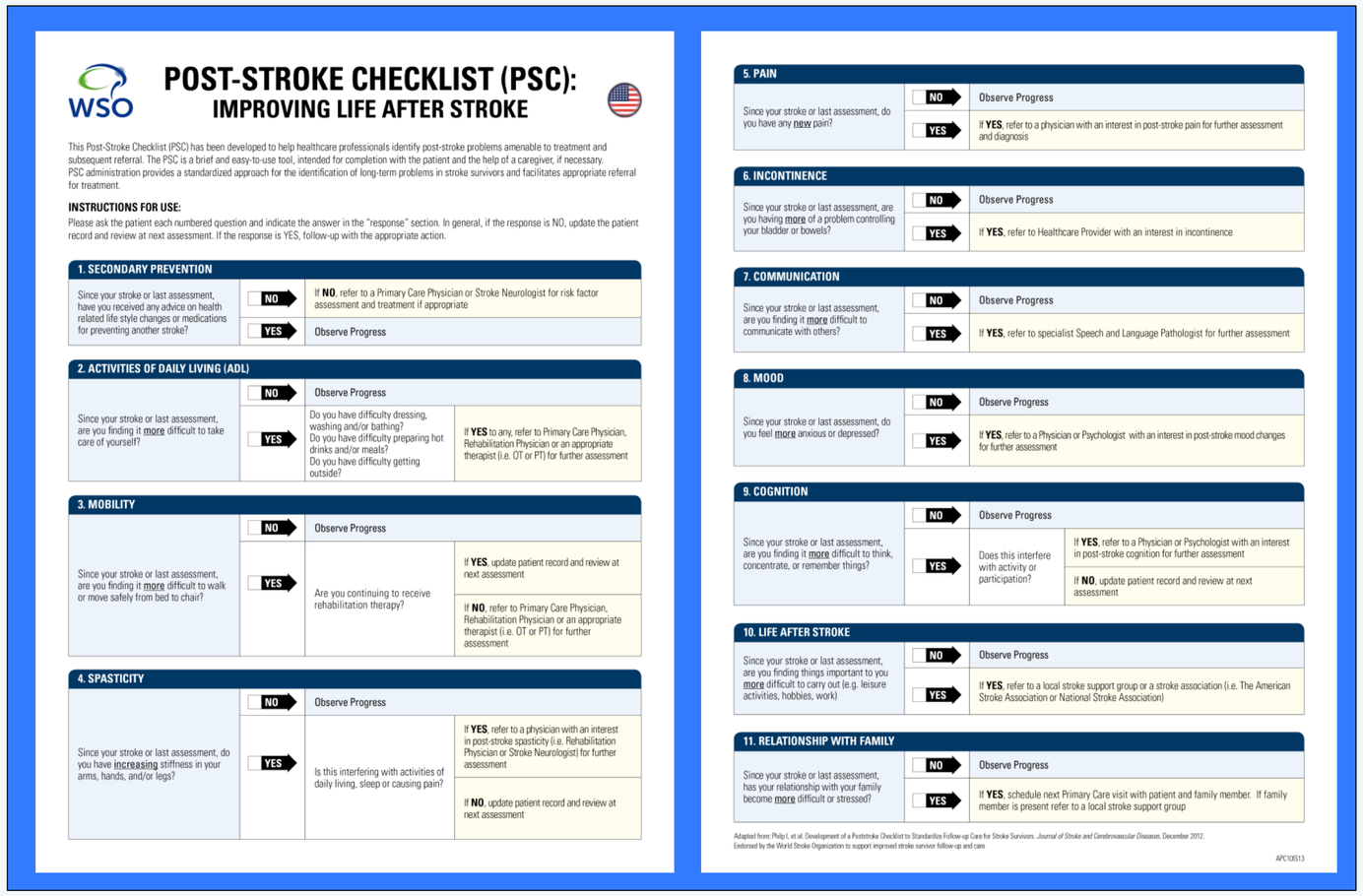
Our patients had mild deficits when scored by more commonly used global measurements such as the BI, NIHSS and mRS. Even in this relatively high functioning group, the PSC was useful in focusing attention on specific items that affect quality of life. These are issues that are often overlooked at a post-stroke clinic visit. Identification of these problems can result in specific actions by the patient, family and interdisciplinary stroke team. It is important to note that more than one item was discovered in more than half of the patients. The PSC is easy to use and accepted by both stroke professionals and patients.

Conclusions

The PSC proved to be a useful tool at 30 days to identify important unmet needs in stroke survivors with mild deficits. It serves as a prompt to the care team, facilitating identification and action for needs that had been previously unaddressed. The next step in this research is to evaluate patients at 90 days post stroke, when a larger range of deficits is expected.

Reference

Philp I, et al. Development of a poststroke checklist to standardize follow-up care for stroke survivors. J Stroke Cerebrovasc Dis. 2012 Dec 19. pii: S1052-3057(12)00360-6. doi: 10.1016/j.jstrokecerebrovasdis.2012.10.016.



WSO

POST-STROKE CHECKLIST (PSC): IMPROVING LIFE AFTER STROKE

This Post-Stroke Checklist (PSC) has been developed to help healthcare professionals identify post-stroke problems amenable to treatment and subsequent referral. The PSC is a brief and easy-to-use tool, intended for completion with the patient and the help of a caregiver, if necessary. PSC administration provides a standardized approach for the identification of long-term problems in stroke survivors and facilitates appropriate referral for treatment.

INSTRUCTIONS FOR USE:
Please ask the patient each numbered question and indicate the answer in the "response" section. In general, if the response is NO, update the patient record and review at next assessment. If the response is YES, follow-up with the appropriate action.

1. SECONDARY PREVENTION			
Since your stroke or last assessment, have you received any advice on health related life style changes or medications for preventing another stroke?	NO	If **NO**, refer to a Primary Care Physician or Stroke Neurologist for risk factor assessment and treatment if appropriate	
	YES	Observe Progress	
2. ACTIVITIES OF DAILY LIVING (ADL)			
Since your stroke or last assessment, are you finding it more difficult to take care of yourself?	NO	Observe Progress	
	YES	Do you have difficulty dressing, washing and/or bathing? Do you have difficulty preparing hot drinks and/or meals? Do you have difficulty getting outside?	If **YES** to any, refer to Primary Care Physician, Rehabilitation Physician or an appropriate therapist (i.e. OT or PT) for further assessment
3. MOBILITY			
Since your stroke or last assessment, are you finding it more difficult to walk or move safely from bed to chair?	NO	Observe Progress	
	YES	Are you continuing to receive rehabilitation therapy?	If **YES**, update patient record and review at next assessment
			If **NO**, refer to Primary Care Physician, Rehabilitation Physician or an appropriate therapist (i.e. OT or PT) for further assessment
4. SPASTICITY			
Since your stroke or last assessment, do you have increasing stiffness in your arms, hands, and/or legs?	NO	Observe Progress	
	YES	Is this interfering with activities of daily living, sleep or causing pain?	If **YES**, refer to a physician with an interest in post-stroke spasticity (i.e. Rehabilitation Physician or Stroke Neurologist) for further assessment
			If **NO**, update patient record and review at next assessment
5. PAIN			
Since your stroke or last assessment, do you have any new pain?	NO	Observe Progress	
	YES	If **YES**, refer to a physician with an interest in post-stroke pain for further assessment and diagnosis	
6. INCONTINENCE			
Since your stroke or last assessment, are you having more of a problem controlling your bladder or bowels?	NO	Observe Progress	
	YES	If **YES**, refer to Healthcare Provider with an interest in incontinence	
7. COMMUNICATION			
Since your stroke or last assessment, are you finding it more difficult to communicate with others?	NO	Observe Progress	
	YES	If **YES**, refer to specialist Speech and Language Pathologist for further assessment	
8. MOOD			
Since your stroke or last assessment, do you feel more anxious or depressed?	NO	Observe Progress	
	YES	If **YES**, refer to a Physician or Psychologist with an interest in post-stroke mood changes for further assessment	
9. COGNITION			
Since your stroke or last assessment, are you finding it more difficult to think, concentrate, or remember things?	NO	Observe Progress	
	YES	Does this interfere with activity or participation?	If **YES**, refer to a Physician or Psychologist with an interest in post-stroke cognition for further assessment
			If **NO**, update patient record and review at next assessment
10. LIFE AFTER STROKE			
Since your stroke or last assessment, are you finding things important to you more difficult to carry out (e.g. leisure activities, hobbies, work)	NO	Observe Progress	
	YES	If **YES**, refer to a local stroke support group or a stroke association (i.e. The American Stroke Association or National Stroke Association)	
11. RELATIONSHIP WITH FAMILY			
Since your stroke or last assessment, has your relationship with your family become more difficult or stressed?	NO	Observe Progress	
	YES	If **YES**, schedule next Primary Care visit with patient and family member. If family member is present refer to a local stroke support group	

Adapted from: Philp I, et al. Development of a Poststroke Checklist to Standardize Follow-up Care for Stroke Survivors. *Journal of Stroke and Cerebrovascular Diseases*. December 2012.
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