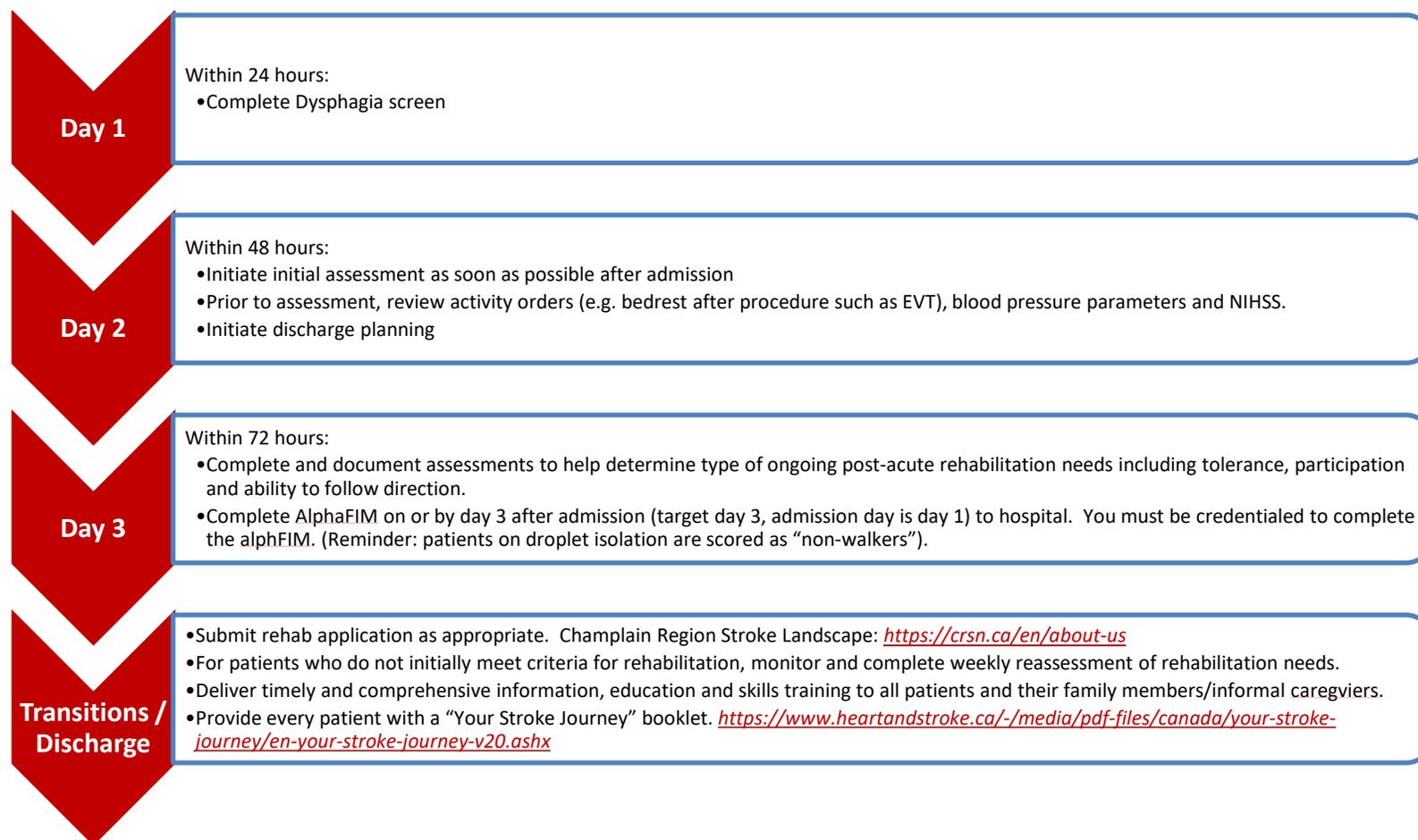


**BACKGROUND:** To protect staff, facilitate infectious disease evaluations, and conserve PPE, many hospitals have made the decision to admit all COVID-19 positive patients to specialized COVID-19 units. Many of the staff on these units will not have stroke care training. Stroke guidance documents for 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)



*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. V2 - Updated April 2021*

Visit the CRSN website for more information: [www.crsn.ca](http://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
<b>Failed Dysphagia Screen</b>	<p>Within the first 24 hours of admission:</p> <ul style="list-style-type: none"> <li>• Assess swallowing function using clinical bedside assessment</li> <li>• Perform instrumental assessments <b>only if absolutely necessary</b>, or per your hospital’s guidelines</li> </ul>	<p><b>Section 4.6.ii a-e</b>  <a href="#">CSBPRs - Acute Stroke Care</a></p> <p><b>Core competencies for Stroke - SLP</b>  <a href="#">SLP Stroke Core Competencies</a></p> <p><b>CASLPO</b>  <a href="#">CASLPO Dysphagia</a></p> <p><a href="#">CASLPO Assessment of Adults</a></p>
<b>Communication Assessments</b> (language, cognitive communication & motor speech)	<p>Weigh pros and cons of doing communication assessments in COVID suspected or COVID positive patients</p> <ul style="list-style-type: none"> <li>• Assess only what you need in order to identify rehab needs</li> <li>• Complete a more in-depth assessment <b>if not identifying deficits</b> can lead to the patient failing at home and/or will lead to patient bouncing back to hospital</li> </ul> <p>For non-English/French speaking patients:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>	<p><b>Section 8.1.ii a-c</b>  <a href="#">CSBPRs - Acute Stroke Care</a></p> <p><b>Core competencies for Stroke - SLP</b>  <a href="#">SLP Stroke Core Competencies</a></p> <p><b>CASLPO</b>  <a href="#">CASLPO Acquired Cognitive Communication Disorders</a></p> <p><a href="#">CASLPO Assessment of Adults</a></p>
<b>Prior to or upon discharge:</b>	<p>Facilities using EPIC:</p> <ul style="list-style-type: none"> <li>• Insert GAP tool in the miscellaneous section of the discharge/AVS</li> <li>• Fill out referral to Outpatient Stroke Rehab (shared document)</li> </ul>	

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	<p>Facilities not using EPIC:</p> <ul style="list-style-type: none"> <li>• Complete GAP tool in your usual manner</li> <li>• Refer to outpatient rehab in your usual manner</li> </ul>	
<p><b>Patients going home awaiting OUTPATIENT SLP services</b></p>	<p>Provide patient with therapy materials to address identified areas of need:</p> <ul style="list-style-type: none"> <li>• Provide pen and paper activities (e.g. The Source for __, WALC __, HELP__ etc..)</li> <li>• 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)</li> <li>• Provide patient with list of Private Practice SLPs and/or link to CASLPO directory</li> <li>• Provide patient with your name and phone number should they need SLP help while awaiting outpatient rehab</li> </ul>	<p><a href="#">CASLPO Public Register</a></p>
<p><b>Transitions</b></p>	<p>If the patient has been admitted to your facility while awaiting bed at Inpatient Stroke Rehab:</p> <ol style="list-style-type: none"> <li>1. It is strongly recommended that this rehab plan be followed.</li> <li>2. Any changes to the rehab plan should be made with the input of all Allied Health professions' (i.e. SLP, PT, OT, SW).</li> <li>3. If all disciplines are not available at your facility to re-assess rehabilitation needs, then, initial rehabilitation plan should be followed.</li> </ol>	
<p><b>More resources can be found at:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Clinical Tools and Resources</a></li> <li>• <a href="#">Online Learning and e-Modules</a></li> </ul>		

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

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