National Clinical & Integrated Care Programme
Person-centred, co-ordinated care

Title: Stroke Unit Management Care Bundle
Version: 2.1

STROKE

Stroke Unit Management Care Bundle		
All people admitted to hospital with Acute stroke should receive:	Date and time of admission ___/___/____ ____:_____	Signature Physician/ Nurse
☐ **Admission to stroke unit**		
☐ **Physiological Monitoring** **Blood Pressure:** Monitor 2-4 hourly for the first 24 hours then 4-6 hourly for the first week. In most cases anti-hypertensives should not be commenced for 7-10 days post-stroke. Anti-hypertensives treatment in people with acute stroke is recommended only if there is a hypertensive emergency or in certain serious concomitant medical issues, e.g. intracerebral haemorrhage with systolic blood pressure over 200mmHg. Discuss with stroke specialist. BP reduction to 185/110mmHg or lower should be considered in people who are candidates for thrombolysis. **Heart Rate and Rhythm:** Consider continuous monitoring if new dysrhythmia (e.g. Atrial Fibrillation), Tachycardia or Bradycardia. Otherwise 2-4 hourly for first 24 hours and then 4-6 hourly for the first week. Consider 24-72 hour Holter monitoring in all cases where cardioembolic source thought possible. **Arterial Oxygen Saturation**: Monitor 2-4 hourly for the first 24 hours then 4-6 hourly for the first week. If O_2 saturation <95% then investigate for cause and consider oxygen supplementation. **Blood Glucose:** Radom blood glucose on admission on all stroke patients. Fasting and 2-hour post prandial glucose measurements on all non-diabetic subjects with random glucose >7.0mmol/l. Follow diabetic protocol on all diabetic patients. Maintain glucose <10.0mmol/l using simple means (insulin sliding scale). Avoid hypoglycaemia. **Level of consciousness:** Monitor Glasgow Coma Scale (GCS) 2-4 hourly for the first 24 hours then 4-6 hourly for the first week. Drops >1 GCS point from baseline require investigation. **Hydration Status:** Maintain euvolemia. Monitor clinically and with biochemical variables.		

Approved by: National Stroke Programme and Working Group including National Clinical Lead for Stroke Prof. Joe Harbison and Clinical Advisory Group Stroke
Approval Date: October 2016
Review Date: October 2018
Contact person for queries/feedback: joanmccormack@rcpi.ie

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☐ Swallow screen within four hours of admission		
☐ If swallow screen failed, patient should be considered for full assessment of swallow by qualified staff with modification of diet or institution of NG feeding as appropriate within 48 hours, with advice from nutrition and dietetics		
☐ Early evaluation of cause of stroke including appropriate investigations ○ Carotid Imaging ○ Echocardiogram ○ Vascular risk profile.		
☐ Assessment of continence and institution of measures to re-establish continence.		
☐ Nursing evaluation of pressure risk, level of dependency and nutritional screening on admission.		
☐ Review by physiotherapy within 24 hours and early mobilisation where appropriate		
☐ Review by occupational therapy and seating assessment within 48 hours.		
☐ Full multidisciplinary assessment and discussion within 5 working days of admission.		
☐ Assessment of mood at 1-4 weeks post admission.		
☐ Information meeting with relatives and patient.		

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