JOHN HUNTER HOSPITAL
DIVISION OF EMERGENCY MEDICINE

GENERAL MANAGEMENT PRINCIPLES

Q230 - JOHN HUNTER HOSPITAL
MRN Surname Name
Address
DOB Sex

T Presentation Date ☐☐ / ☐☐ / ☐☐☐☐ **T Presentation Time** ☐☐:☐☐

Neurologically stable since arrival	☐ **YES** ☐ **NO** **If NO Discuss with the Stroke /Medical Team**
Swallowing status	***Initial swallowing assessment completed*** **T** ☐ **if YES** ☐ **if NO** → ☐ NBM ☐ Medications but no other oral ingestion ☐ Awaiting speech pathology assessment ☐ Diet as per Medical Team
Hydration/feeding plans	***NBM or medications only by mouth*** Ensure 60ml/hour either IV or NG unless concern about CCF or CRF ☐ Intravenous fluids - 60-80 ml/hr (Avoid iv glucose in diabetics or when BSL>11mmol/l) ☐ Nasogastric tube for fluids or feed if oral medications need to be given
Blood sugar (formal) **Aim for 7 - 11 mmol/l**	***If BSL >11 mmol/l*** **T** ☐ **if YES** ☐ Stat short acting insulin (dose depending on initial BSL) and consider insulin infusion (in consultation with ED specialist) ***If*** ☐ 7-11 mmol/l → Q6H BSL ***If*** ☐ <3mmol/l → consider administration of 50% glucose iv
Body temperature **Aim for < 37.5 celsius**	***If temperature >= 37.5*** ☐ **if YES** ☐ >37.5 oral or rectal paracetamol1g Q6H **T** ☐ >38.0 - paracetamol 1g Q6H plus septic workup
Positioning issues	***Optimise patient safety*** ☐ Impaired consciousness - coma position ☐ Visual or sensory neglect - support for neglected side and prevention of physical injury to neglected side ☐ Hemiparesis - support for hemiparetic shoulder
Education & Support **T**	☐ Liaison with stroke case manager ☐ Liaison with on call social worker ☐ Verbal information & relevant stroke brochures provided to patient/family

Management Plan

Medical Officer Signature:
(Please Print)
Designation:
Name:

This tool is intended as a guideline for clinicians to provide quality patient care. It is not intended, nor should it replace, individual clinical judgement.