

INTERIM DISCHARGE SUMMARY FOR STROKE PATIENTS

7657432969

LMO Name _____

Address _____

Presentation Date / /

Presentation Time :

Admission Date / / Time :

Discharge Date / / Time :

Consultant _____ Registrar _____

Q230 - JOHN HUNTER HOSPITAL
MRN _____ Surname _____ Name _____
Address _____
DOB _____ Sex _____

1. STROKE DIAGNOSIS - Topography & Mechanism (see over) (Please tick relevant boxes or circle text)

- Infarct** R hemisphere L hemisphere
 TACI PACI LACI Posterior circulation (POCI)
- Transient Ischaemic Attack** Carotid territory R L Vertebro-basilar territory
- Ischaemic mechanism**
 Large artery atherothrombotic Cardioembolic
 Small artery occlusion (lacunar) Cryptogenic
- Other determined _____
- Carotid endarterectomy planned _____
- Haemorrhage** Site _____
Mechanism _____
- 1.1 **Pseudostroke**
Other Diagnoses _____

2. INVESTIGATIONS - Completed & Required (Please tick relevant boxes or circle text)

- Carotid duplex (% stenosis) L R Needs to be arranged by LMO Yes No
- Cholesterol: _____ Fasting/random Yes No
- Glucose: _____ Fasting/random Yes No
- Other _____ Yes No

3. COMPLICATIONS (In hospital) (Please tick relevant boxes)

- Aspiration pneumonia UTI Delirium
- Further stroke Haemorrhagic transformation DVT/Pulmonary embolism
- Fall with injury Pressure area GIT Bleeding
- Shoulder pain
- Other: _____
- Further description: _____

4. ADDITIONAL ACTIVE HEALTH ISSUES (Please tick relevant boxes)

- Vascular Risk Factors**
- Hypertension Discharge BP / **Proposed Management Plan**
- Diabetes _____
 - Atrial fibrillation _____
 - Smoking _____
 - Cholesterol _____
 - Ischaemic Heart Disease _____
 - Peripheral Vascular Disease _____
- Other co - morbidities**
- _____
- _____

5. MEDICATIONS (Please tick if any of the following have been prescribed)

- Warfarin Aspirin Other antiplatelet Statin Antihypertensive
- Recommended INR range _____
- In-hospital changes (commenced/ceased) _____
- Other medications on discharge _____

6. DISCHARGE DESTINATION & FUNCTIONAL STATUS (Please tick relevant boxes or circle text)

- Home Outpatient Rehab Inpatient Rehab - Public/Private Nursing Home/Hostel
- Rankin Handicap Scale at discharge (see over) 0 1 2 3 4 5 6

7. FOLLOW-UP ARRANGEMENTS NEEDED (Please tick relevant boxes)

- LMO Neurologist/Physician Rehabilitation Physician Community Stroke Services
- Specify appointment time or if appointment needs to be arranged: _____

Discharging MO's Signature: _____ Name(Print)

OXFORDSHIRE CLASSIFICATION SCALE

TACI - Total Anterior Circulation Infarction

- hemiparesis +/- hemisensory loss
- homonymous hemianopia
- global aphasia (dominant hemisphere)
- +/- drowsiness

PACI - Partial Anterior Circulation Infarction

- 2 of 3 criteria as for TACI without drowsiness

LACI - Lacunar Circulation Infarction

- pure motor stroke
- sensory - motor stroke
- pure sensory stroke
- ataxic hemiparesis
- dysarthria clumsy - hand syndrome

POCI - Posterior Circulation Infarction

- ipsilateral cranial nerve palsy with contralateral motor and /or sensory deficit
- conjugate gaze disorder
- cerebellar dysfunction without ipsilateral long tract signs
- isolated homonymous hemianopia

ISCHAEMIC STROKE MECHANISM CLASSIFICATION -TOAST

1. **Large - artery atherosclerosis:** Atherosclerosis with stenosis: = diameter narrowing or occlusion of the relevant extracranial or intracranial large artery in the absence of another aetiology. Atherosclerosis without stenosis: <50% diameter narrowing in the absence of another aetiology in patients with 2 or more of the following risk factors: current smoking; age = 50 years; hypertension; diabetes; hypercholesterolaemia.
2. **Cardio -embolism:** Atrial fibrillation, intracardiac thrombus or tumour, rheumatic mitral stenosis, prosthetic valves, endocarditis, sick sinus syndrome, left ventricular aneurysm or akinesia after AMI, acute (<3mths) MI, cardiomyopathy - in the absence of another aetiology.
3. **Small artery disease - lacunar, embolic & haemodynamic:** infarction in the territory of a deep penetrating artery in a hypertensive patient, in the absence of another aetiology.
4. **Stroke of other determined aetiology:** arterial dissection, fibromuscular dysplasia, AVM, vasculitis, venous sinus thrombosis, hypercoagulable states, migrainous ischaemia.
5. **Stroke of undetermined aetiology:** none of the above causes could be determined. Two or more potential causes of infarction.

MODIFIED RANKIN SCALE

Grade 0	No symptoms at all
Grade 1	No significant disability despite symptoms: able to carry out usual duties and activities
Grade 2	Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
Grade 3	Moderate disability: requiring some help, but able to walk without assistance
Grade 4	Moderate severe disability: unable to walk without assistance, and unable to attend to own bodily needs
Grade 5	Severe disability: bedridden, incontinent, and requiring constant nursing care and attention
Grade 6	Deceased