**Discharge Workflow**

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_** MRN\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Admit Date\_\_\_\_\_\_\_\_\_\_\_\_

Stroke Unit Admit Date:\_\_\_\_\_\_\_\_\_\_\_\_ Rm#\_\_\_\_\_\_\_\_\_\_\_\_\_\_NIHSS:\_\_\_\_\_\_

Diagnosis: □ Ischemic Stroke, □ ICH, □ SAH

Discharge Level: □ Home, □ Acute Rehab, □ Subacute Rehab, □ Hospice, □ Other:

**Stroke Work-up**

|  |  |  |
| --- | --- | --- |
| **Test** | **Date Completed** | **Pending issue** |
| rCTH/ CTA |  |  |
| MRI/MRA |  |  |
| TTE |  |  |
| TEE |  |  |
| Loop Recorder as needed |  |  |
| PT/OT consult |  |  |
| PT/OT Recommendation |  |  |
| SLP evaluation |  |  |
| PEG Tube |  |  |
| Discharge destination identified, |  |  |
| Authorization obtained as needed |  |  |
| Family notified by provider |  |  |
| Medical Clearance for Discharge |  |  |
| V/S within designated parameters for 24hrs |  |  |
| Discharge medications as needed |  |  |
| F/u appointment scheduled |  |  |
| Discharge day |  |  |
| Facility Pick-up |  |  |