

# POST STROKE CHECKLIST

Not sure what to update your doctor during your medical follow up for stroke? Here is a checklist developed by the Global Stroke Community Advisory Panel [2012], endorsed by the World Stroke Organization, adapted by the Heart and Stroke Foundation Canadian Stroke Best Practice Recommendations development team [2014].

## SINCE YOUR STROKE OR LAST ASSESSMENT

1

### Secondary Prevention

Have you received medical advice on health-related lifestyle changes or medications to prevent another stroke?

**NO**

☐

Refer patient to primary care providers for risk factor assessment and treatment if appropriate, or secondary stroke prevention services.

**YES**

☐

Continue to monitor progress

2

### Activities of Daily Living (ADL)

Are you finding it more difficult to take care of yourself?

**NO**

☐

Continue to monitor progress

**YES**

☐

Do you have difficulty:

☐

dressing, washing, or bathing?

☐

preparing hot drinks or meals?

☐

getting outside?

If Yes to any, consider referral to home care services; appropriate therapist; secondary stroke prevention services.

3

### Mobility

Are you finding it more difficult to walk or move safely (i.e., from bed to chair)?

**NO**

☐

Continue to monitor progress

**YES**

☐

Are you continuing to receive rehabilitation therapy?

☐

**NO**

Consider referral to home care services; appropriate therapist; secondary stroke prevention services.

☐

**YES**

Update patient record; review at next assessment.

#### 4 Spasticity

Do you have increasing stiffness in your arms, hand, or legs?

<b>NO</b> <input type="radio"/>	Continue to monitor progress	
<b>YES</b> <input type="radio"/>	Is this interfering with activities of daily living?	<input type="radio"/> <b>NO</b> Update patient record; review at next assessment.
		<input type="radio"/> <b>YES</b> Consider referral to rehabilitation service; secondary stroke prevention services; physician with experience in post-stroke spasticity (e.g., physiatrist, neurologist).

#### 5 Pain

Do you have any new pain?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	Ensure there is adequate evaluation by a healthcare provider with expertise in pain management.

#### 6 Incontinence

Are you having more problems controlling your bladder or bowels?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	Consider referral to healthcare provider with experience in incontinence; secondary stroke prevention services.

#### 7 Communication

Are you finding it more difficult to communicate?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	Consider referral to speech language pathologist; rehabilitation service; secondary stroke prevention services.

#### 8 Mood

Do you feel more anxious or depressed?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	Consider referral to healthcare provider (e.g., psychologist, neuropsychologist, psychiatrist) with experience in post-stroke mood changes; secondary stroke prevention services.

## 9 Cognition

Are you finding it more difficult to think, concentrate, or remember things?

<b>NO</b> <input type="radio"/>	Continue to monitor progress	
<b>YES</b> <input type="radio"/>	Is this interfering with your ability to participate in activities?	<input type="radio"/> <b>NO</b> Update patient record; review at next assessment.
		<input type="radio"/> <b>YES</b> Consider referral to healthcare provider with experience in post- stroke cognition changes; secondary stroke prevention services; rehabilitation service; memory clinic

## 10 Life After Stroke

Are you finding it more difficult to carry out leisure activities, hobbies, work, or engage in sexual activity?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	Consider referral to stroke support organization support group; leisure, vocational, or recreational therapist.

## 11 Personal Relationships

Have your personal relationships (with family, friends, or others) become more difficult or strained?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	<input type="radio"/> Schedule next primary care visit with patient and family member(s) to discuss difficulties.
	<input type="radio"/> Consider referral to stroke support organization; healthcare provider (e.g., psychologist, counsellor, therapist) with experience in family relationships and stroke.

## 12 Fatigue

Are you experiencing fatigue that is interfering with your ability to do your exercises or other activities?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	<input type="radio"/> Discuss fatigue with Primary Care provider.
	<input type="radio"/> Consider referral to home care services for education and counselling.

## 13 Other Challenges

Do you have other challenges or concerns related to your stroke that are interfering with your recovery or causing you distress?

<b>NO</b> <input type="radio"/>	Continue to monitor progress
<b>YES</b> <input type="radio"/>	<input type="radio"/> Schedule next primary care visit with patient and family member(s) to discuss challenges and concerns.
	<input type="radio"/> Consider referral to healthcare provider; stroke support organization.