

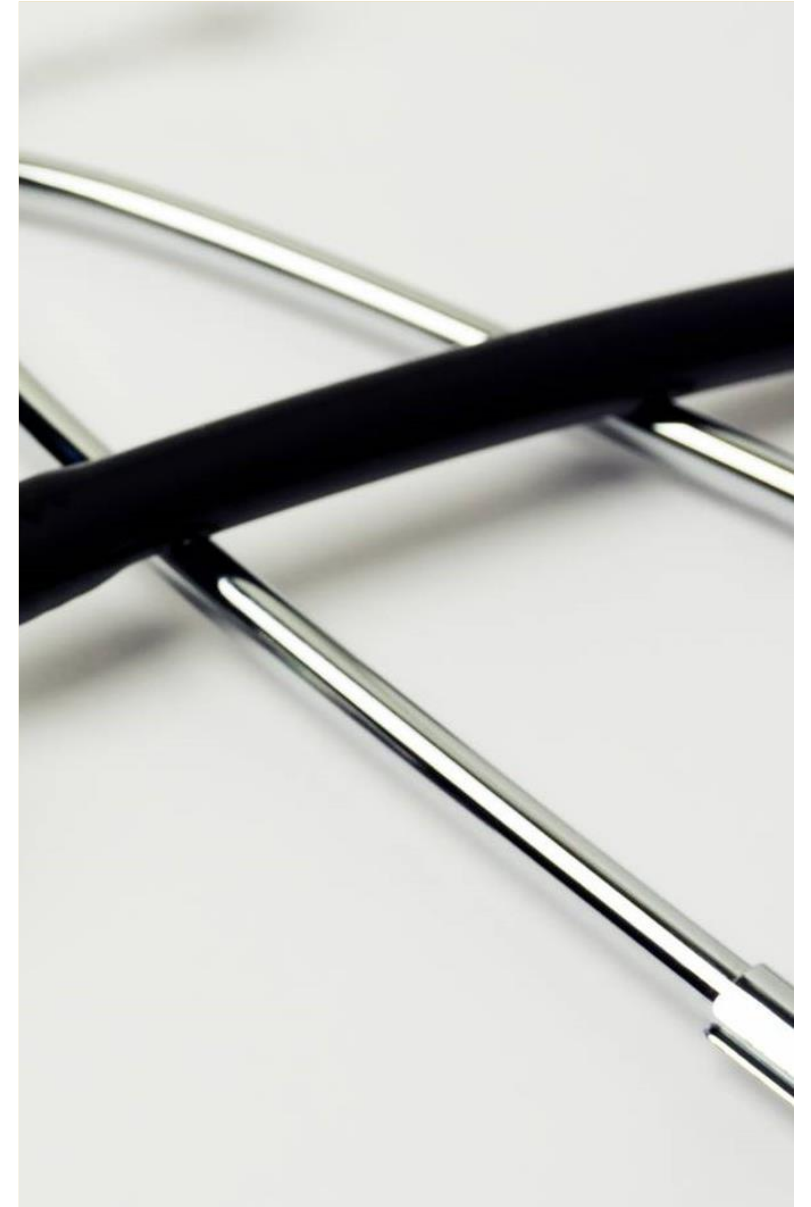
PRIMARY CARE – STROKE PROGRAM PARTNERSHIP

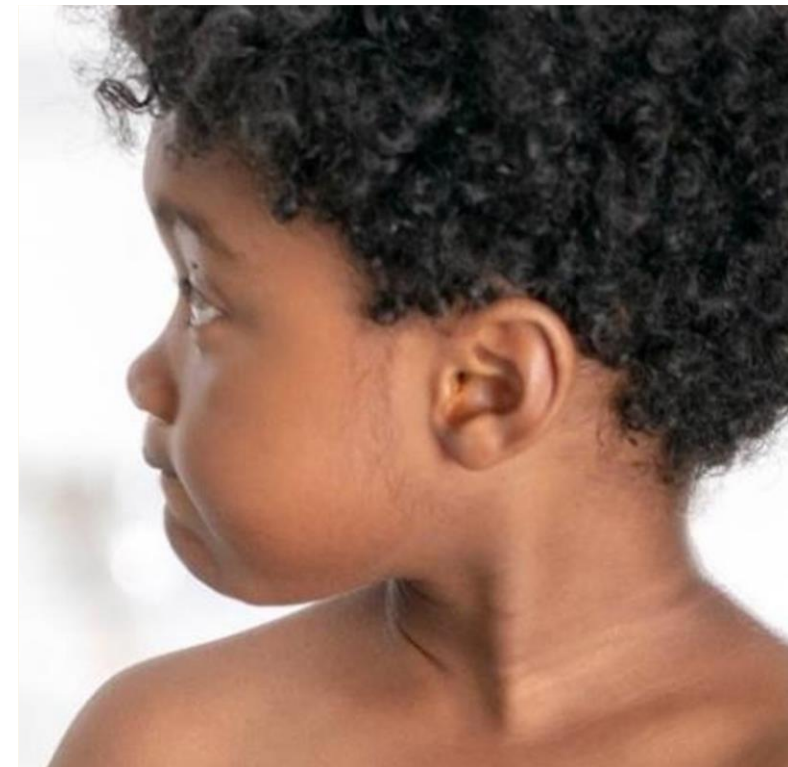
MIKE PREVITI, MD RPN



AGENDA

Stroke Plan of Care
Clinical Pathway
TCM in Stroke Clinic
Secondary Prevention
Stroke Clinic Referrals





THANK YOU

STROKE PLAN OF CARE

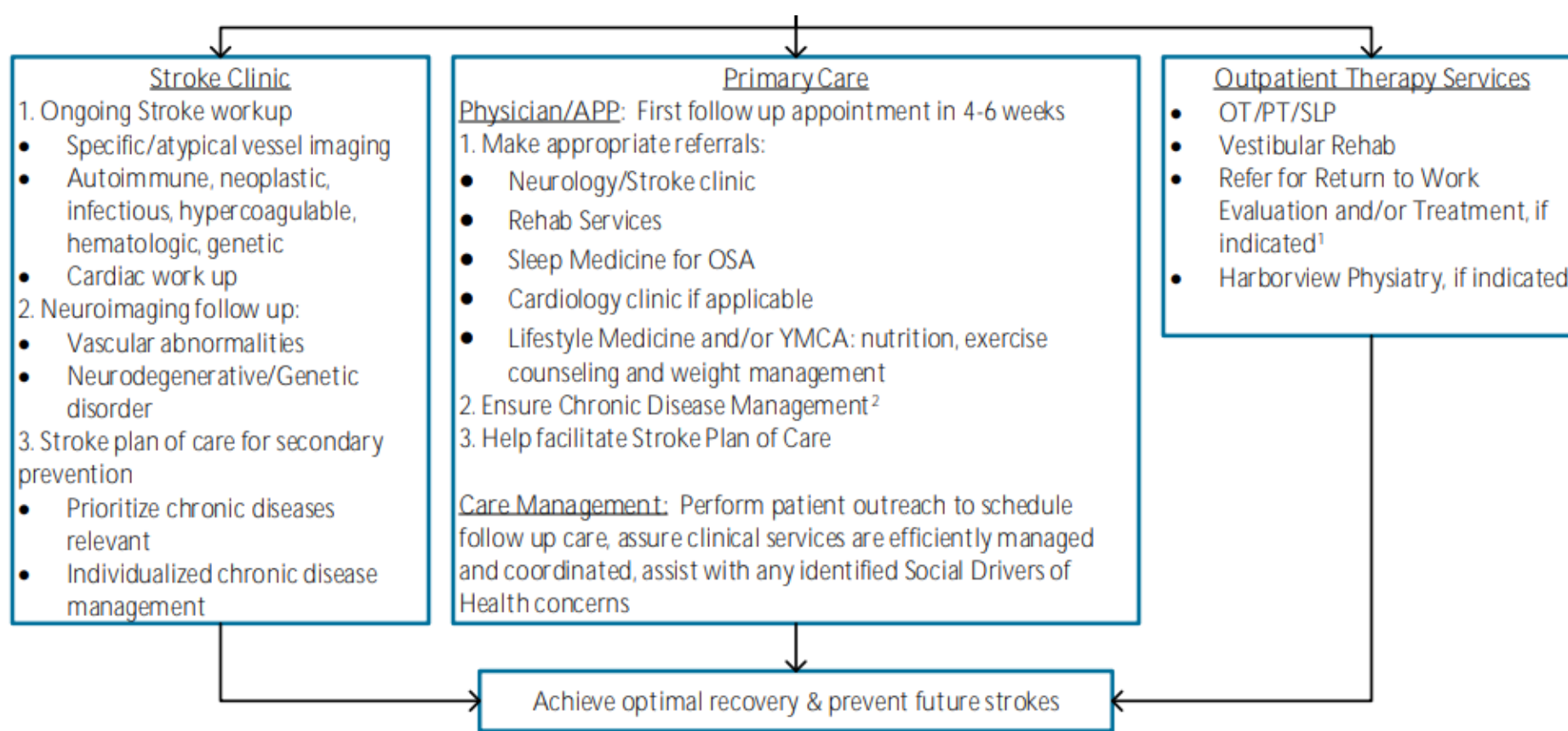
- What's good/helpful?
- What's not helpful?
- How can we make it a better handoff tool for y'all?

Stroke Plan of Care:

****Note: contents of this box may change by day of discharge.**

For post-discharge POC, use the box from the MOST RECENT Neurology note.

Etiology of stroke	Lacunar likely secondary to uncontrolled hypertension, hyperlipidemia, diabetes
Ongoing/future work-up plan	-CUS/TCD has not been read
Residual deficits	Unknown, patient intubated
Dispo	To be determined
Antithrombotic plan	Aspirin 81 restarted
BP plan	Currently on amlodipine 10 (restarted 5 mg 11/1, 10 mg started 11/5), losartan 100 (restarted 11/4), carvedilol 25 twice daily Current goal: <140/90
Lipid plan	Continue atorvastatin 40 mg (new medication) Long-term goal LDL < 70
Glycemic plan	Long-term goal A1c <7.0%, ideally <6.5% (assuming aggressive weight loss & glycemic control is safe, defer to PCP/endo). If within goals of care, would consider GLP-1
Sleep apnea plan	UTO
Tobacco cessation plan	UTO
Diet plan	Mediterranean diet, avoid processed foods
Exercise plan	Short-term: as tolerated Long-term: regular exercise (aerobic & resistance)
Weight loss plan	Target 0.5-1 lb/mo weight loss until achieving BMI <25.
Follow-up plan	-PCP in 4-6 wks to follow the stroke plan of care -Stroke clinic in 7-14 days with stroke ARNP (Rachel Nginyi-Munyoli or Erin Eddington-Alden) s/p d/c (home or from SNF/IPR) -ATTN: Rehab facilities (skilled or inpatient), please email strokedischarge@valleymed.org the anticipated/actual discharge date from your facility so that we can ensure 1-2 week stroke clinic follow

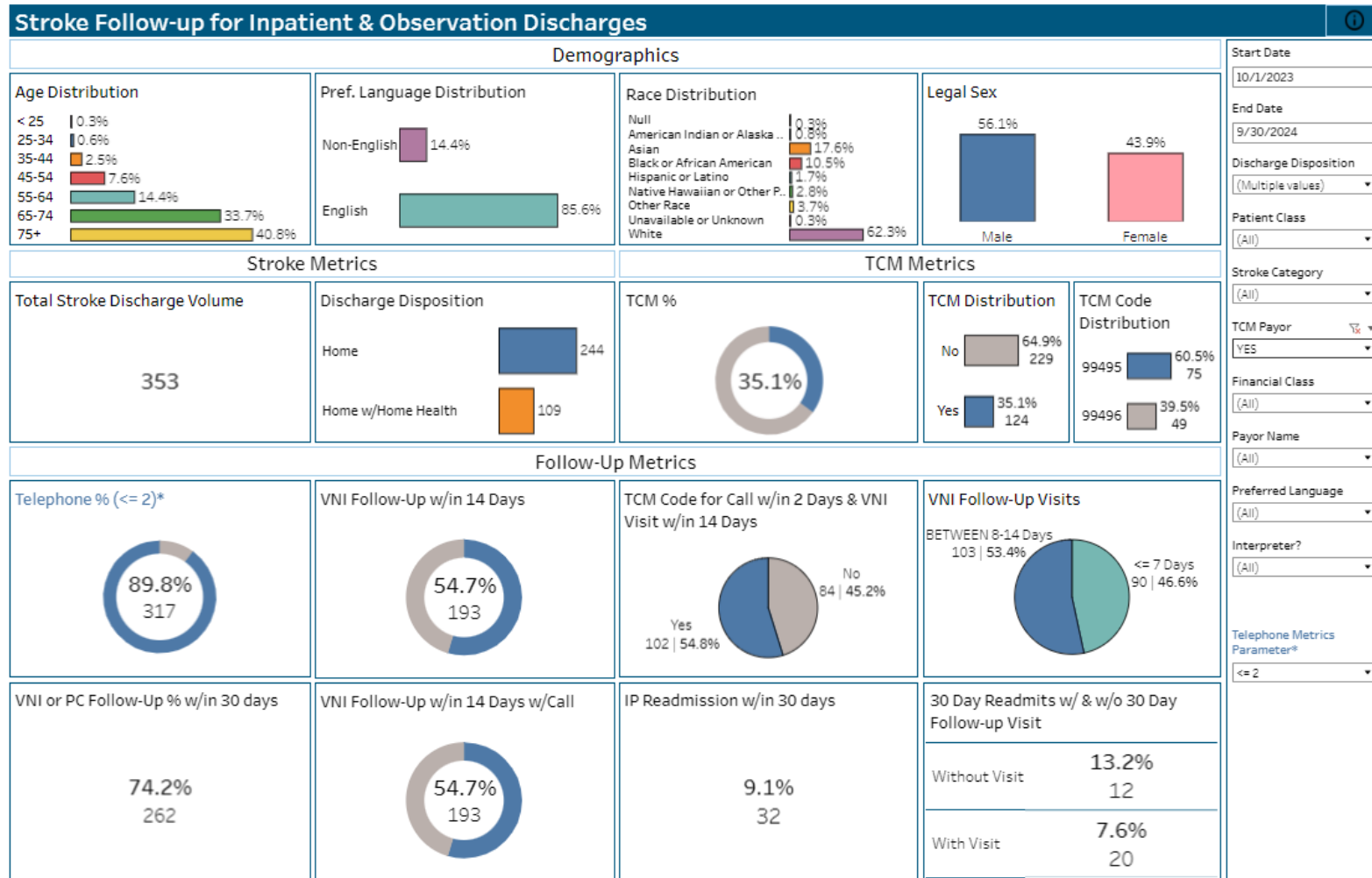


CLINICAL PATHWAY

- Redone when we lost outpt physiatry
- FMLA paperwork being done in CVA clinic for TCMs (tips?)
- Functional capacity eval ideas? (Olympic \$\$\$)
- Thank you for helping with refills
- Anything missing?

TCM IN STROKE CLINIC

- Calling ~90%
- Seeing ~55%
- TCM ~35%
- 30d readmit ~1/2 with TCM
- Please direct patients to Stroke Clinic for follow up after hospital discharge





- Please help us reinforce the need for **aggressive** DM, HTN, HLD, OSA, obesity treatment.
- For patients that cannot tolerate statins (or if they're not enough), please refer them to cardiology/endocrinology for PCSK-9 (Proprotein convertase subtilisin/kexin type 9) inhibitors
- GLP-1 **preferred** when A1C > 7 & with CVD risk
- CGMs for patients
- Lifestyle medicine \$\$\$ - ideas?

SECONDARY PREVENTION

Outpatient workup

1. Neuroimaging:
 - MRI Brain without contrast (If contraindicated, then non-contrast head CT)
2. Vessel Imaging: One of the following
 - MRA Head Carotid with and without contrast (if pt can be still and no CKD) OR
 - CTA head/neck (If MRA is not possible and if GFR > 45) OR
 - Carotid Ultrasound transcranial doppler (If other studies are contraindicated)
3. Cardiovascular Workup: EKG, TTE (with bubble study if patient < 60)
4. Lab Workup: Lipids, HbA1c, CBC, TSH, CMP, U/A

REFERRING TO STROKE CLINIC

- Stroke Clinic has good availability (usually 1-3 weeks)
- Any nonurgent referral to Neurointervention, can/should *be referred to stroke clinic* for additional studies/triage. We work with Neurointervention & set them up if/when necessary.
 - Carotid stenosis: MMT vs CEA/CAS
 - Intracranial stenoses (ICAD)
 - Aneurysms
 - Vascular Malformations

THANK YOU

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