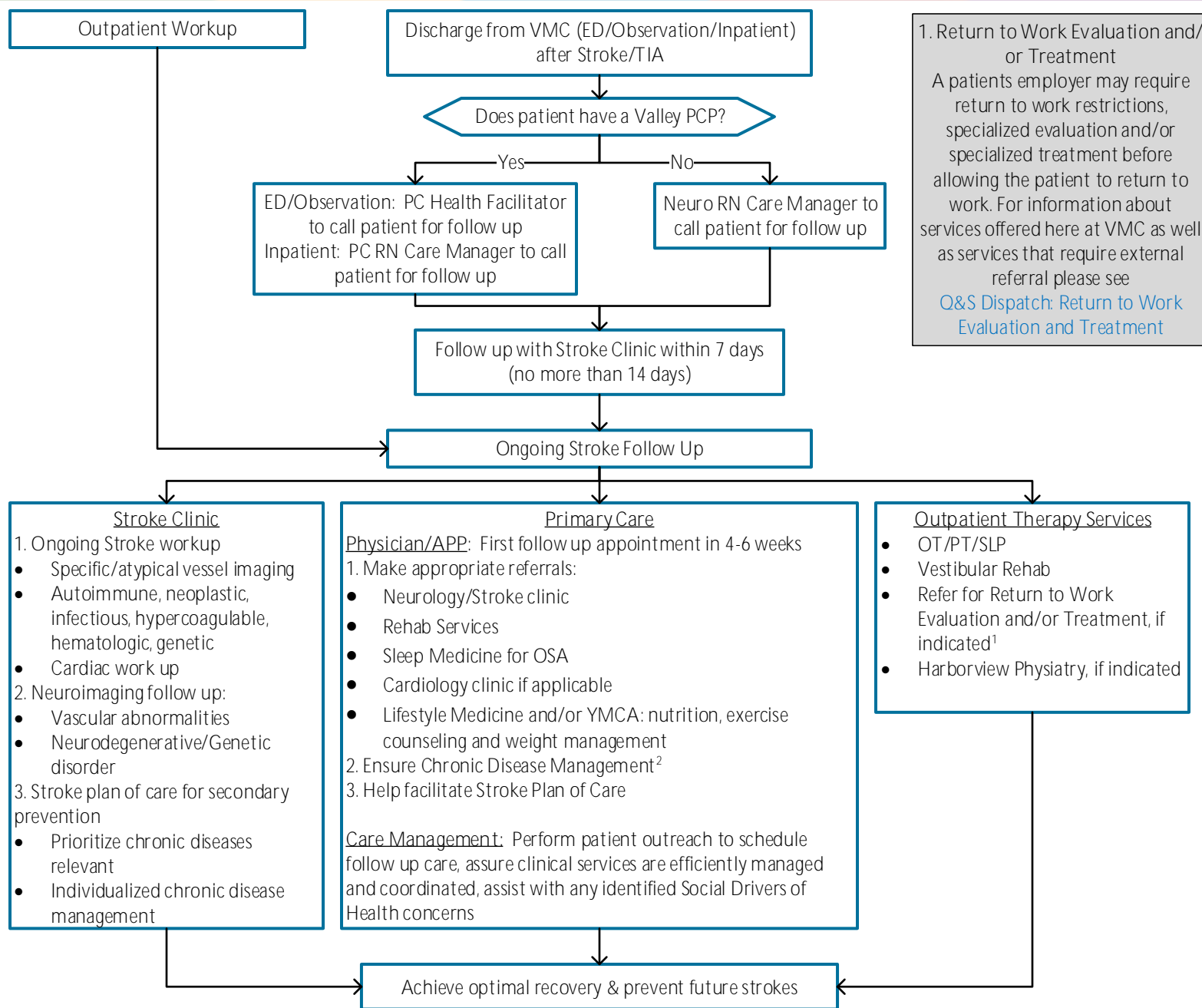


UW Medicine | VALLEY MEDICAL CENTER

Ambulatory Care Pathway: Stroke Follow Up



1. Return to Work Evaluation and/or Treatment

A patients employer may require return to work restrictions, specialized evaluation and/or specialized treatment before allowing the patient to return to work. For information about services offered here at VMC as well as services that require external referral please see

[Q&S Dispatch: Return to Work Evaluation and Treatment](#)

2. Chronic Disease Management and Secondary CVA Prevention

- Hypertension: Goal SBP<140 within 1 month, then SBP<120 ultimately
- Hyperlipidemia: Implement high intensity statin. LDL<70, triglycerides<150mg/dl
- Diabetes Mellitus: Goal HbA1C<7.0 (Individualize goal for elderly and patients with risk of hypoglycemia). Use agent with CVD-proven benefit. [See Diabetes Care Pathway.](#)
- Cardiovascular disease management: Atrial Fibrillation, CAD, PVD. Consider dual therapy (antiplatelet plus anticoagulant) if high risk.
- Antiplatelet/Antithrombotic Therapy:
 - Ischemic/non-cardioembolic stroke: If none, begin ASA 81mg. If recurrent stroke on ASA, switch to Plavix.
 - Cardioembolic stroke: DOAC or warfarin therapy.
- Tobacco cessation
- Mental health: Depression screening and management
- Substance use disorder screening and counseling
- Sleep Apnea: Screening and referral for management
- Health Coach Program: Consider referral for patients who request additional support with working toward health related goals and lifestyle changes to improve self-management of chronic condition(s).