OREG
ONTARIO REGIONAL EDUCATION GROUP
Stroke Knowledge Translation Specialists

Interprofessional Stroke Orientation Checklist

The purpose of the checklist is to assist mentors orienting new staff working in stroke care across the continuum of care. The checklist is intended to build awareness in areas associated with stroke. It is not meant to orient staff to the unit or to their profession but rather on elements pertaining to stroke care. There is no set timeline for completing the checklist. This checklist can be used for any profession working in stroke care across the continuum of care

The checklist was developed based on the Canadian Stroke Best Practice Recommendations and can be referred to for a list of recommended tools, assessments and interventions useful during orientation. The terms used in the checklist align with those found in the Stroke Core Competency Framework.

Feel free to customize this document to suit your organization's needs, such as adding a *Most Responsible Person* column to assign orientation tasks, including additional items on the blank lines, or omitting items that may not be applicable at your site.

Remember to consider the needs of the caregiver, as well as the person with stroke, when reviewing the sections of the checklist.

Please contact your regional stroke network if you have any questions.

Name: _____ Date Completed: _____

Name of Preceptor(s): _____

Stroke Care Orientation	Reviewed (✓)	Initial & Date
Regional Stroke Network – *understand main components of the stroke system in your region and how they relate to your work*		
a) Regional Stroke Network team – roles and responsibilities		
b) Regional Stroke Centre/District Stroke Centres/Telestroke sites/Rehab sites – roles, responsibilities and relationships between sites		
c) Repatriation process (back to a stroke unit)		
d) Secondary stroke prevention clinic		
e) Continuum of Care		
Hyperacute Management – *understand and follow hyperacute screenings and processes*		
a) Large Vessel Occlusion (LVO) Screening		
b) Time targets: CT Scan, Door to Needle, Door to Puncture		
c) Policies and Protocols (Emergency Department Code Stroke, Bypass agreements, Acute Stroke Protocol, etc.)		

Stroke Care Orientation	Reviewed (✓)	Initial & Date
Overview of Acute Stroke – *understand and recognize stroke and existing treatments*		
a) Neuroanatomy and pathophysiology		
b) Types of strokes (including TIA) and risk factors		
c) Warning signs of stroke (FAST)		
d) Typical and atypical stroke presentations		
e) Hyperacute stroke treatments (including thrombolytics, EVT, role of antithrombotics, use of dual antiplatelet therapy, surgical interventions)		
f) Carotid revascularization procedures		
Acute Stroke Care – *understand stroke unit policies/procedures that guide the delivery of stroke care and commonly used resources*		
a) Benefits of stroke unit care (stroke expertise, etc.)		
b) Types and rationale of stroke units: acute vs integrated (acute and rehab)		
c) Stroke unit routines (rounds, physician model, etc.)		
d) Standards of care and policies for unit		
e) Stroke order sets		
f) Protocol/policy for in-hospital stroke (such as a surgical patient has a stroke while in hospital)		
g) Rehab readiness (identification and criteria)		
h) Patient and family education, goal setting, peer support, documentation and resources (Your Stroke Journey, binders, videos, risk factor management, medication adherence, etc.)		
Rehabilitation Care – *understand concepts that guide rehab and recovery following a stroke*		
a) Rehab philosophy		
b) Rehab Intensity		
c) Goal planning/Patient-centred care		
d) Functional Activities – ADLs and IADLs (patient engagement and participation)		
e) Mobility		
f) Transition planning		
g) Self-management (ADLs/IADLs, medication management, risk factor/lifestyle strategies, supporting independence, etc.)		

Stroke Care Orientation	Reviewed (✓)	Initial & Date
Interprofessional Team Functions – *discuss role functions, interprofessional collaboration and how to contact and link to the interprofessional stroke team*		
a) Nurse (RN, RPN, NP, CNS, etc.)		
b) Personal Support Worker/Patient Care Assistant		
c) Occupational Therapist		
d) Speech Language Pathologist		
e) Physiotherapist		
f) Assistants (OTA, PTA, CDA, Dietetic, Reactivation workers, etc.)		
g) Recreation Therapist		
h) Dietitian		
i) Pharmacist		
j) Physicians (Neurologists, Physiatrists, Hospitalists, Physician Assistants, etc.)		
k) Social Worker		
l) Discharge Planner/Flow Coordinator/Navigator		
m) Spiritual Care Practitioner		
n) Locate documented assessments completed by each discipline (EMR, paper document, etc.)		
Routine Nursing Standards of Care – *understand important standards of care that could impact treatment (typically performed by nurses)*		
a) Vitals: temperature management, blood pressure management, heart rate, oxygen saturation, pain assessment, cardiac monitoring post-thrombolysis (if applicable)		
b) Glucose monitoring and management		
c) Neuro assessment (CNS/NIHSS)		
d) Nutrition and dysphagia assessment and management • Stroke standardized swallowing screen tool & dysphagia management protocol, risks & complications • Diet textures and fluid thickness • Oral care protocols		
e) Bowel and bladder management: protocols, avoid indwelling catheters, post-void residuals, risk and prevention of infection		
f) Skin care management		
g) Venous thromboembolism (VTE) prophylaxis: organization protocol		
h) Seizure monitoring and management		

Stroke Orientation	Reviewed (✓)	Initial & Date
Stroke Diagnostic Tests – *understand common tests, rationale for use and the impact on goals/treatment*		
a) CT/CTA/CTP		
b) Carotid doppler		
c) MRI		
d) Blood work		
e) Echocardiogram (TEE vs TTE)		
f) Cardiac monitoring (ECG, Holter, Telemetry)		
g) Video fluoroscopy swallow study		
Rehabilitation and Recovery Across the Continuum - *Assessments, screening tools, strategies and education from the Canadian Stroke Best Practice Recommendations. Consider: who completes it, what it is, the impact on care and what are you responsible for.*		
a) AlphaFIM – completed by allied health in an acute care setting		
b) FIM – completed by members of the interprofessional team in a rehabilitation setting		
c) Hemiplegic shoulder		
d) Early mobilization/positioning/transfers		
e) Changes in physical function (apraxia, dyskinesia/dystonia, altered tone, ataxia, sensation, changes, etc.)		
f) Cognition, perception and behaviour		
g) Language and communication impairments, strategies and resources (dysarthria vs aphasia)		
h) Post-stroke fatigue		
i) Visual and perceptual impairments		
j) Post-stroke depression		
k) Intimacy post-stroke		
l) Falls prevention and management		
m) Assistive and adaptive devices (mobility, communication, vision, ADLs/IADLs, etc.)		
n) Participation in social and life roles (intimacy, sexuality, relationships, vocation/avocation, leisure activities, driving)		
o) Advance care planning for palliative care		
Secondary Stroke Prevention Clinic – *understand the role of stroke prevention clinics.*		
a) Referral process		
b) Stroke prevention clinic role		

Stroke Orientation	Reviewed (✓)	Initial & Date
Transitions and Community Resources – *understand programs and resources to support post stroke care and recovery*		
a) Inpatient rehabilitation		
b) Outpatient rehabilitation		
c) Home and community care		
d) Secondary prevention and risk factor management (common medications, smoking cessation, lipid management, diabetes, etc.)		
e) Return to vocational roles		
f) Return to driving/transportation options		
g) The Healthline (stroke resources)		
h) March of Dimes		
i) Heart and Stroke		
j) 211 Ontario		
k) Other community stroke supports (navigation, peer support, exercise, aphasia, self-management programs etc.)		
Additional Staff Education (Optional) – *resources to equip staff with specialized knowledge and skills in the delivery of high-quality stroke care*		
a) Canadian Stroke Best Practice Recommendations		
b) Stroke Core Competency Framework (SCCF)		
c) Standardized Stroke Education Series		
d) Smart Tips for Stroke Care		
e) Provincial Stroke Rounds		
f) Local education opportunities (education fund, Canadian Hemispheres 3.0™, etc.)		
g) Regional Stroke Network resources		
h) Aphasia Institute introduction to supported conversation (SCA™) e-module		

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(Staff Signature) (Preceptor Signature)

_____ _____

(Date) (Date)