### Daily Plan
- **Date:**
- **LOS:**
- **Current Problems:**
  - Aphasia
  - Dysphasia
  - Hemiparesis
  - Hemiplegia
  - + CAT Scan
  - Embolic
  - Hemorrhagic
- **Resolution:**
  - CAT Scan within two (2) hours of admission
  - PT within 24 hours of admission
  - Clinically improved:
  - Resolving weakness / Aphasia
  - Tolerating PO Anti-Thrombotic / Anticoagulant

### Flu Vaccine
- Was it given: **Yes**

### Pneumonia Vaccine
- Was it given: **Yes**

### Discharge Plan
- **Home with VNS Team**
- **Transfer to facility:**

### Safety/Activity
- **Falls Protocol Level:**
- **Gait steady**
- **Y / N**
- **Cane / Walker**
- **Activity:**
  - Bedrest
  - Dangle
  - OOB to Chair
  - Ad Lib
  - OOB with Assist
  - Sitter
  - Physical Restraints - Type:
- **Speech consult date:**
- **Results:**
- **Swallow eval. Date:**
- **Results:**
- **PT consult date:**
- **Frequency:**

### Teaching / Psychosocial
- **Patient verbalizes understanding of:**
  - Risk Factor Reduction
  - Calls MD with increased symptoms
  - Medications
  - Anti-Thrombotic/Anticoagulation Therapy
  - Verbalizes understanding of complications with Anticoagulation Therapy
  - Monitor INR Post Discharge
  - Activity Level/Continued Therapy
  - Smoking Cessation

- **Patient Received:**
  - “After A Brain Attack”
  - “Preventing a Stroke”
  - Tube Feedings
<table>
<thead>
<tr>
<th>PATIENT</th>
<th>CARE</th>
<th>CATEGORIES</th>
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<td>Shift Assessment</td>
<td>Wounds/Dsks</td>
<td>Tests and Labs</td>
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<tr>
<td>Cardiac</td>
<td>Drains/Tubes</td>
<td>X-rays - date</td>
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<td>- Vital Signs q________ hr</td>
<td>Blood Sugars</td>
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<td>- Telemetry # ___________</td>
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<td>- Rhythm ________</td>
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<tr>
<td>- Temp ________</td>
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<td>Sputum C&amp;S - date</td>
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<td>- Pacemaker/AICD ________</td>
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<td>Results</td>
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<tr>
<td>Respiratory</td>
<td>Central Lines / Shiley / HO Access</td>
<td>Blood Culture - date</td>
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<tr>
<td>- O₂ ________ Sat % ________</td>
<td>Type:</td>
<td>Results</td>
</tr>
<tr>
<td>- Trach Collar ____________</td>
<td>Location:</td>
<td>Wound C&amp;S - date</td>
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<tr>
<td>- RESP TX</td>
<td>Insertion Date:</td>
<td>Results</td>
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<tr>
<td>- Lung Sounds ____________</td>
<td>Type:</td>
<td>CT Scan - date</td>
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<td>Location:</td>
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<td>- Orientation ____________</td>
<td>PIV: Date Inserted:</td>
<td>Dopplers - date</td>
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<td>- EEG ____________________</td>
<td>Location:</td>
<td>Results</td>
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<td>- CVA ____________________</td>
<td>PIV: Date Inserted:</td>
<td>Cardiac Cath/Procedure - date</td>
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<tr>
<td>GU/Renal</td>
<td>Location:</td>
<td>Results</td>
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<tr>
<td>- Foley/Insertion Date ________</td>
<td>IVFS/gtts:</td>
<td>Echo - date</td>
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<tr>
<td>- 24° urine ________</td>
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<td>Results</td>
</tr>
<tr>
<td>- I &amp; O ________/ ________</td>
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<td>Other tests:</td>
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<tr>
<td>- HD ________________</td>
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<tr>
<td>GI</td>
<td>Date last type/screen</td>
<td>Abnormal Labs:</td>
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<tr>
<td>- Last BM ______________</td>
<td>Blood transfusion/FFP</td>
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<tr>
<td>- NGT/KFT/Peg __________</td>
<td>Blood transfusion consent</td>
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<tr>
<td>- Diet ____________________</td>
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<tr>
<td>- Nutritional Needs</td>
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</tbody>
</table>

Daily Updates:

Day 1:  
Day 2:  
Day 3:  
Day 4:  
Day 5:  
Day 6:  
Day 7:  
Day 8:  
Day 9:  
Day 10:  

CVA Kardex
Rev. 3/5/03