

# POST-STROKE Checklist



CANADIAN  
**Stroke**  
BEST PRACTICE  
RECOMMENDATIONS

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]

Patient Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

COMPLETED BY:  HEALTHCARE PROVIDER  PATIENT  FAMILY MEMBER  OTHER

## 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?

**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.

**NO**

Continue to monitor progress

### 3 Mobility

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

**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.

**NO**

Continue to monitor progress

### 4 Spasticity

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

**YES**

Is this interfering with activities of daily living?

**No.** Update patient record; review at next assessment.  
 **Yes.** Consider referral to rehabilitation service; secondary stroke prevention services; physician with experience in post-stroke spasticity (e.g., physiatrist, neurologist).

**NO**

Continue to monitor progress

### 5 Pain

Do you have any new pain?

**YES**

Ensure there is adequate evaluation by a healthcare provider with expertise in pain management.

**NO**

Continue to monitor progress

### 6 Incontinence

Are you having more problems controlling your bladder or bowels?

**YES**

Consider referral to healthcare provider with experience in incontinence; secondary stroke prevention services.

**NO**

Continue to monitor progress



**SINCE YOUR STROKE OR LAST ASSESSMENT**

**7 Communication**

Are you finding it more difficult to communicate?

**NO**  Continue to monitor progress

**YES**  Consider referral to speech language pathologist; rehabilitation service; secondary stroke prevention services.

**8 Mood**

Do you feel more anxious or depressed?

**NO**  Continue to monitor progress

**YES**  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?

**NO**  Continue to monitor progress

**YES**  Is this interfering with your ability to participate in activities?

- No.** Update patient record; review at next assessment.
- Yes.** 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?

**NO**  Continue to monitor progress

**YES**  Consider referral to stroke support organization (local/provincial support group, Heart and Stroke Foundation of Canada Living with Stroke program); leisure, vocational, or recreational therapist.

**11 Personal Relationships**

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

**NO**  Continue to monitor progress

**YES**

- Schedule next primary care visit with patient and family member(s) to discuss difficulties.
- Consider referral to stroke support organization (local/provincial support group, Heart and Stroke Foundation of Canada); 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?

**NO**  Continue to monitor progress

**YES**

- Discuss fatigue with Primary Care provider.
- 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?

**NO**  Continue to monitor progress

**YES**

- Schedule next primary care visit with patient and family member(s) to discuss challenges and concerns.
- Consider referral to healthcare provider; stroke support organization (local or provincial support group, Heart and Stroke Foundation of Canada).