IDENTIFYING DEFICITS IN MILD STROKE PATIENTS:
A PROCESS GUIDE FOR ACUTE STROKE UNITS

A patient who suffers a mild stroke may have communication, cognitive, or perceptual deficits that are not obvious but that may have a great impact on their functioning once they return to normal life. Because these mild stroke patients would otherwise be sent home without services, it is critical to identify whether deficits exist while they are still in the acute setting so that they can be referred to the appropriate sub-acute stroke service. The recommended process is outlined here:

COMMUNICATION DEFICIT

SPEECH-LANGUAGE PATHOLOGY SERVICES SHOULD BE CONSULTED IN ANY OF THE FOLLOWING SITUATIONS:

1. Stroke patient presents with aphasia and/or dysarthria as initial symptoms.
2. Stroke patient scores ≥ 1 on *Best Language* and/or *Dysarthria* items on NIHSS.
3. Stroke patient will be discharged directly to their home environment within 72 hours of admission.
4. Stroke patient scores > 80 on AlphaFIM®.

The Speech-Language Pathologist will complete a communication assessment to determine whether deficits in communication exist.

COGNITIVE OR PERCEPTUAL DEFICIT

All stroke patients will be screened using the Montreal Cognitive Assessment (MoCA) within 24 to 48 hours of admission to acute care.

OCCUPATIONAL THERAPY SERVICES SHOULD BE CONSULTED IN ANY OF THE FOLLOWING SITUATIONS:

1. Stroke patient scores ≥ 1 on *Visual* and/or *Extinction and Inattention* items on the NIHSS.
2. Stroke patient will be discharged directly to their home environment within 72 hours of admission.
3. Stroke patient scores > 80 on AlphaFIM®.

The Occupational Therapist will complete assessments to determine whether cognitive or perceptual deficits exist. The Trails A & B and a shape cancellation test (e.g. Star Cancellation, Line Cancellation) are recommended assessments.