
REFERRING TO SPEECH-LANGUAGE PATHOLOGY FOR COMMUNICATION DEFICITS POST-STROKE

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

1. Stroke patient presents with aphasia/dysarthria as initial symptoms.
2. Stroke patient scores ≥ 1 on Best Language and/or Dysarthria on NIHSS.
3. Stroke patient will be discharged directly to their home environment within 72 hours of admission.
4. Stroke patient has an AlphaFIM[®] score > 80 ; SLP will assess for communication disorders.

REFERRAL INDICATORS FOR COMMUNICATION DEFICITS IN THE ACUTE CARE SETTING

Difficulty in one or more of the following abilities may signify that the patient has a significant communication deficit and needs a higher level of sub-acute stroke services.

- Understanding conversation, instructions, presentations or media
- Conveying a verbal message and engaging in conversation in an efficient, appropriate and effective manner
- Making oneself understood clearly and intelligibly
- Remembering the contents of a conversation or experience
- Interacting in a socially acceptable manner
- Reading and/or writing for work, pleasure, community independence or school
- Reasoning and decision making while communicating
- Academic or vocational performance
- Responding in a timely fashion in a conversation