Stroke Nursing Care Plan

Patient Information:
Full Name:
Date of Birth:
Gender:
Patient ID:
Contact Number:
Email Address:

Assessment

Risk Factors	☐ HTN ☐ Diabetes ☐ Smoking ☐ High risk age group ☐ High risk family medical history	
Expected Findings	☐ Cerebral edema ☐ Headache ☐ Motor deficits ☐ Aphasia	
Laboratory Results	☐ Troponin I ☐ Creatine ☐ Kinase-MB ☐ Coagulation studies: PT, PTT, Lipid profile	

Diagnostic Procedures	☐ CT Scan ☐ MRI ☐ ECG	
Immediate Safety Considerations	☐ Impaired gag reflex ☐ Impaired mobility ☐ Impaired swallowing and speech ☐ Spatial perceptual problems	

Diagnosis / Assessment	Intervention	Rationale	Referral / Review date

Physician's Notes and Recommendations

Physician's Signature:
Date: