This Quick Reference Guide provides a summary of the main recommendations in the SIGN guideline on Management of Patients with Stroke: Rehabilitation, Prevention and Management of Complications, and Discharge Planning. The aim of this national guideline is to assist individual clinicians, primary care teams, hospital departments, and hospitals to produce local guidelines for the management of stroke patients. The focus is on general management, rehabilitation, the prevention and management of complications and discharge planning.

The Scottish Intercollegiate Guidelines Network (SIGN) supports improvement in the quality of health care for patients in Scotland by developing and disseminating national clinical guidelines and facilitating their implementation into practice. SIGN guidelines provide recommendations for effective health care based on current evidence.

The recommendations are graded A B C D to indicate the strength of the supporting evidence.

Good practice points ☑ are provided where the guideline development development group wish to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations and their application in practice can be found in the full guideline, available on the SIGN website: **www.sign.ac.uk**.

This guideline was issued in 2002 and will be considered for review in 2006.

For more information about the SIGN programme, contact the SIGN Executive or see the website.

SIGN Executive
Royal College of Physicians
9 Queen Street
Edinburgh EH2 1JQ

www.sign.ac.uk

Stroke Rehabilitation

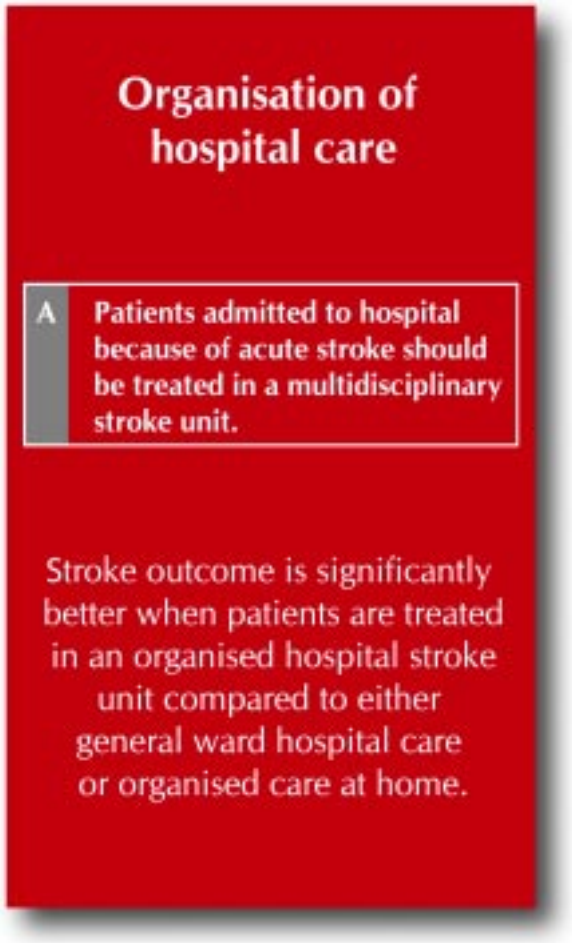
Management of Patients with Stroke:

Rehabilitation, Prevention and Management of Complications, and Discharge Planning

Stroke is the third commonest cause of death and the commonest cause of adult disability in Scotland.

70,000 individuals are living with stroke and its consequences and each year, there will be approximately 15,000 new stroke events.

Immediate mortality is high and approximately 20% of stroke patients die within 30 days.



MULTIDISCIPLINARY TEAM MEMBERSHIP AND ROLES

B	**The core multidisciplinary team should consist of appropriate levels of nursing, medical, physiotherapy, occupational therapy, speech and language therapy, and social work staff.**

☑	Members of the core team should identify problems and invite allied health care professionals to contribute to the treatment and rehabilitation of their patients as appropriate.

MULTIDISCIPLINARY TEAM COMMUNICATION

B	**Stroke unit teams should conduct at least one formal multidisciplinary meeting per week at which patient problems are identified, rehabilitation goals set, progress monitored and discharge is planned.**

PATIENT INVOLVEMENT

B	**Patients and carers should have an early active involvement in the rehabilitation process.**

INFORMATION PROVISION

D	**Stroke patients and their carers should be offered information about stroke and rehabilitation.**

EARLY SUPPORTED DISCHARGE AND POST-DISCHARGE

A	**Early supported discharge services provided by a well resourced, co-ordinated specialist multidisciplinary team are an acceptable alternative to more prolonged hospital stroke unit care and can reduce the length of hospital stay for selected patients.**

DISCHARGE PLANNING AND TRANSFER OF CARE

☑	The pre-discharge process should involve the patient and carer(s), the primary care team, social services and allied health professionals. It should take account of the domestic circumstances of the patient, or if the patient lives in residential or sheltered care, the facilities available there. A nominated key worker should be identified at this time.

☑	At the time of discharge, the discharge document should be sent to all the relevant agencies and teams.

MANAGEMENT AND PREVENTION STRATEGIES

Refer to the full guideline for specific management strategies for:

DRIVING AFTER A STROKE

☑	Patients with stroke who make a satisfactory recovery should be advised that they must not drive for at least one month after their stroke. Patients with residual disability at one month must inform the DVLA (particularly if there are visual field defects, motor weakness or cognitive deficits) and can only resume driving after formal assessment.

CHEST, HEART & STROKE SCOTLAND

Advice Line 0845 077 6000