

STROKE REHABILITATION CHART

Affix patient sticker here

PHYSICAL THERAPIES

	MON	TUE	WED	THU	FRI	SAT	SUN
OT OT+TA							
PT PT+TA							
OT+PT							
TA							
Group							
TOTAL							
SLT							
SLT+TA							
TOTAL							

Add the dates

Enter the duration of the therapy session in **Minutes**.

This is **face-to-face** time, not documentation time. Enter Ax for **assessments**, not minutes.

If you were unable to treat the patient record a **Non Administration** code

D = Declined

S = Sick

U = Unavailable

The **NZ Clinical Guidelines**

state that for patients in active rehabilitation:

1. Physical therapy (**physiotherapy** and **occupational therapy**)

should be provided as much as possible, but

should be a **minimum of one hour** of active practice **per day**, at least **five days per week**

2. Therapy for **dysphagia** or **communication** difficulties should be provided **as much as tolerated**

Adapted from the National Stroke Network

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REHABILITATIVE NURSING

MON	TUE	WED	THU	FRI	SAT	SUN
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Tick in the appropriate box when you have provided rehabilitation support for these activities

TRANSFERS						
MOBILISING						
TOILETING						
PERSONAL CARES						
DRESSING						
FEEDING						
MEDICATION						
THERAPY PROGRAM						

EDUCATION AND SUPPORT

Delivered by any staff member

Adapted from the
National Stroke Network

FAMILY PRESENT	Y N	Y N	Y N	Y N	Y N	Y N
FAMILY PRESENT	Y N	Y N	Y N	Y N	Y N	Y N