Primary Health Care Research & Development

cambridge.org/phc

Corrigendum

Cite this article: Akgül E, Çifçili S, Kaya ÇA. (2023) Developing a post-stroke home care checklist for primary care professionals in Turkey: a modified Delphi study – CORRIGENDUM. *Primary Health Care Research & Development* **24**(e68): 1–2. doi: 10.1017/ S146342362300052X

Developing a post-stroke home care checklist for primary care professionals in Turkey: a modified Delphi study – CORRIGENDUM

Esra Akgül, Serap Çifçili and Çiğdem Apaydın Kaya

DOI: 10.1017/S146342362300004X. Published online by Cambridge University Press, 27 March 2023.

The authors of the above article regret that an incorrect version of Figure 1 was supplied. The correct version of the figure is placed on the next page.

Reference

Akgül, E., Çifçili, S., & Apaydın Kaya, Ç. (2023). Developing a post-stroke home care checklist for primary care professionals in Turkey: A modified Delphi study. *Primary Health Care Research & Development*, 24, E22. doi: 10.1017/S146342362300004X

© The Author(s), 2023. Published by Cambridge University Press. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (https://creative commons.org/licenses/by/4.0/), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.





			ry Care Professionals (PSHCC-PCP) Examine the epicrisis form
	1. Review discharge and follow-up care		Determine the type of stroke
			Ask for the patient's follow-up appointments by the neurology clinic
			Other diseases
	2. Identify accompanying situations		Diabetes Mellitus Carotis stenosis
			Hyperlipidemia
			Atrial fibrillation
			Incontinence
			Seizure
			Pain Central neuropathic pain
			Hemiplegic shoulder pain
			Brachial plexus pain
			 Shoulder-hand syndrome
			Sleep disorder
	3. Assess cognition and dementia		Screen with Six-Item Screener (SIS)
			Blood Pressure
j l			General physical examination
Į			Neurologic examinationMotor and sensory functions
,	4. Physical examination		Vision and hearing
j l			• Speech
		1	Spasticity and contractures
Assessment of current status		1	Bedside swallowing test
:			Neglect syndrome Pressure ulcers
			Activities of daily living
ļ			Ambulation with FAC (The Functional Ambulation Categories)
ļ	5. Assess functional status		Need for assistive devices
ļ			Appropriate use and need of Air Bed
			Need for Splint
ļ			Side effects
			Drug drug/drug food interactions
ļ	C. Frankrada dha madhadhana an d-Grandana anta		Anticoagulant use
ļ	6. Evaluate the medications and Supplements		INR follow-up if used warfarin
			Antihypertensive use Vitamin D supplementation need
			Vitamin B12 supplementation need
			Duration
	7. Check catheters		Care
			Appropriate use
	8. Assess nutritional status		Weight loss or gain
			Malnutrition screen with MNA-SF
isks	9. Assess balance and risk of falling**		Fall history in the previous year
	7. Assess balance and risk of failing		Tinetti Balance and Gait test Timed Up and Go test (TUP)
			Berg Balance Scale
,	10. Determine vaccination status		Pneumococcal
Identification of risks			Influenza ECG for atrial fibrillation
			Lipid profile
			Diabetes Mellitus (fasting blood glucose/HbA1c)
	11. Screen other risks		Active or passive smoking
			Pressure ulcer
			Depression Alcohol use
			Risk of deep vein thrombosis
			Osteoporosis***
(and			Potential barriers to increasing functionality
	12 Feedback the same antisense of		Communication between patient and caregiver
	12. Evaluate the care environment		Need for institutional care Social interaction
uuo			Neglect and abuse
			Recognition of a new stroke
!			Nutrition
ver			Reducing the risk of falling
regiver	12 Euclaste des soussi - 2 de la desta		Anticoagulant use
caregiver	13. Evaluate the caregiver's competence and provide training		
caregiver	13. Evaluate the caregiver's competence and provide training		Reducing the risk of pressure ulcers
caregiver	13. Evaluate the caregiver's competence and provide training		Active/passive exercise
caregiver	13. Evaluate the caregiver's competence and provide training		
caregiver			Active/passive exercise Catheter care
	13. Evaluate the caregiver's competence and provide training 14. Screen the caregiver for depression		Active/passive exercise Catheter care Appropriate use of medications Information about institutions that can support care
			Active/passive exercise Catheter care Appropriate use of medications Information about institutions that can support care Determine the intervention priorities according to stroke type a
			Active/passive exercise Catheter care Appropriate use of medications
	14. Screen the caregiver for depression		Active/passive exercise Catheter care Appropriate use of medications Information about institutions that can support care Determine the intervention priorities according to stroke type as duration Give information about institutions that can support care Refer the patient to a rehabilitation specialist if needed
follow-up care	14. Screen the caregiver for depression		Active/passive exercise Catheter care Appropriate use of medications Information about institutions that can support care Determine the intervention priorities according to stroke type a duration Give information about institutions that can support care

**: One of these tests might be selected to assess balance and risk of tails **: There is no clear evidence in the literature on screening osteoporoosis in male stroke patients The checklist is suggested to be used in the first visit after transition from the hospital to home and in every home care visits afterwards

Figure 1. Post-stroke home care checklist for primary care professionals (PSHCC-PCP).