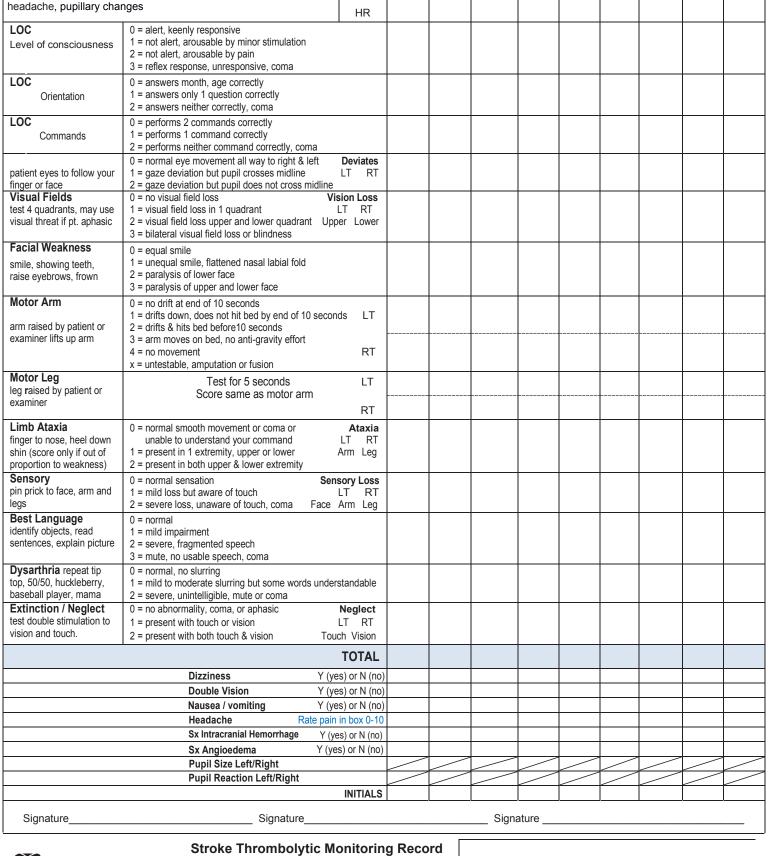
Thrombolytic BP Parameters: < 180/105

MHCC Stroke Thrombolytic Documentation Tool

Thromelytic: Bolus mg Time: 0.9 NaCl prisus 10 ct Times Assess BP, HR, & NHSS Q 15 in x 2 hours, Q 30 min x 6 hours, Complete Bedatios Swallow Screen Complete Bedatios Swallo	bolytic BP Paran				Baseline	at Start	w/in	15	15	15	15	15	15	15	30
Assess BP, HR, & NIHSS Q 15 in x 2 hours, Q 30 min x 6 hours, Complete Bedside Swallow Screen Document in Stroke Quality Documentation Band LOC Level of consciousness 2 = not alert, kearby regarding structure of the consciousness 2 = not alert arousable by minor stimulation 2 = not alert arousable by minor stimulation 3 = refers response, unresponse, comes on 2 = not alert arousable by minor stimulation 3 = refers response, unresponse, comes on 2 = not alert arousable by pain 3 = refers response, unresponse, comes on 2 = not alert arousable by pain 3 = refers response, unresponse, comes on 2 = not alert arousable by pain 3 = refers response, unresponse, comes on 2 = not alert arousable by pain 3 = refers response, unresponse, comes or 2 = not alert arousable by pain 3 = refers response, unresponse, comes or 2 = not alert arousable by pain 3 = refers response, unresponse, comes or 2 = not alert arousable by pain 4 = not alert arousable by pain	bolytic: Bo	Bolusmg Time: 0.9 NaCl							_			_	-	MIN	MIN
Q in hour x 16 hours Complete Bedside Swallow Screen Document in Stroke Quality Documentation Band LOC Lore of consciousness Level of consciousness Level of consciousness Loc Official annual service of the consciousness of the consciousn		Q 15 in x	2 hours, Q 30 min	x 6 hours,	Time										
Level of consciousness 0 = alert, keenly responsive 1 = not alert, arousable by pains 2 = not alert arousable by pains 2 = not alert arousable by not alert arousable by not alert arousable by not alert arousable arous 2 = not alert arousable by not alert arous	1 -7				BP										
Level of consciousness 3 = not alert, arousable by minor stimulation 2 = not alert, arousable by man 3 = neflex response, unresponse, coma 0 = news month, age correctly 1 = answers month, age correctly 2 = answers month, age correctly 2 = answers mother correctly, coma 1 = performs 2 commands correctly 2 = performs 2 commands correctly 2 = performs reliment command correctly, coma 0 = performs 2 command correctly 2 = performs reliment command correctly 3 = performs reliment command correctly 3 = performs reliment command correctly 4 = performs reliment forms relimination forms reliminatio	ent in Stroke Quality	ty Docume	ntation Band		HR										
LOC Orientation 1 = answers month, age connectly 2 = answers only the performs 2 commands correctly 2 = performs 2 commands correctly, come 4 = performs 2 commands correctly, come 4 = performs 2 commands correctly, come 5 = performs 2 commands correctly, come 6 = performs 2 commands correctly, come 7 = performs 1 command correctly, come 7 = performs 1 command correctly, come 8 = performs 1 command correctly, come 8 = performs 1 command correctly, come 9 = performs 1 correctly, come 9 =	of consciousness 1 2	I = not alert, a 2 = not alert, a	arousable by minor stir arousable by pain												
Commands 1 = performs clommand correctly, coma Horizontal Gaze 0 = normal eyem novement all way to right & left Deviates patient eyes to follow yout 1 finger or face Yesual Fields 0 = no visual field loss in 1 quadrant Yesual Fields 0 = no visual field loss in 1 quadrant Yesual Fields 1 = visual field loss in 1 quadrant Yesual Fields 0 = no visual field loss your pan of lower quadrant Jerus your pan of loss of the loss of blinders Facial Weakness Smile, showing teeth, raise eyebrows, from 3 = paralysis of lower face Motor Arm Jerus your pan of the state of the loss of the l	Orientation 0) = answers n l = answers c	month, age correctly only 1 question correctl	ly											
patient eyes to follow your inger of face 2 = gaze deviation but pupil does not cross midline inger of face 2 = gaze deviation but pupil does not cross midline inger of face 2 = gaze deviation but pupil does not cross midline inger of face 2 = yasae deviation but pupil does not cross midline inger of face 3 = paralysis of lought and the face in quadrant in the face in quadrant in the face in quadrant in quadran	Commands 1 2	I = performs i	1 command correctly neither command corre												
smile, showing teeth, raise eyebrows, frown 3 = paralysis of loyer face 4 = no drift at end of 10 seconds 1 = drifts down, does not hit bed by end of 10 seconds 1 = drifts down, does not hit bed by end of 10 seconds 2 = drifts & hits bed before 10 seconds 4 = no movement 2 = drifts & hits bed before 10 seconds 4 = no movement 2 = drifts & hits bed before 10 seconds 4 = no movement 2 = drifts & hits bed before 10 seconds 4 = no movement 2 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 2 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 3 = no move and bed, no anti-gravity effort 4 = no movement 4 = no movement 8 T	eyes to follow your 1 r face 2 Fields 0 uadrants, may use 1 rreat if pt. aphasic 2	I = gaze devia 2 = gaze devia 3 = no visual field 4 = visual field 5 = visual field	ation but pupil crosses ation but pupil does no field loss d loss in 1 quadrant d loss upper and lower	midline t cross midline Vi	LT RT sion Loss LT RT										
arm raised by patient or examiner lifts up arm 1 = drifts down, does not hit bed by end of 10 seconds 2 = drifts & hits bed before 10 seconds 3 = mr moves on bed, no anti-gravity effort 4 = no movement	showing teeth, 1 yebrows, frown 2	I = unequal s 2 = paralysis o	smile, flattened nasal la of lower face												
a arm moves on bed, no anti-gravity effort 4 = no movement 4 = no movement RT x = untestable, amputation or fusion Motor Leg leg raised by patient or examiner Examiner	1	I = drifts dow	n, does not hit bed by		ds LT										
leg raised by patient or examiner Score Same as motor arm RT Limb Ataxia finger to nose, heel down shin (score only if out of proportion to weakness) Sensory pin prick to face, arm and legs legs Best Language identify objects, read sentences, explain picture 2 = severe, fragmented speech 3 = mute, no usable speech, coma Dysarthria repeat tip top, 50/50, Nuckbebrry, baseball player, mama 2 = severe, unintelligible, mute or coma Extinction / Neglect test double stimulation to 1 = present with both touch & vision Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance. Angloedema: swelling of tongue, lips, mouth or throat, difficulty breathing, Intracranial Hemorrhage (ICH): Sensory 0 = normal sensation Sensory Lar RT 1 = resent in both upper & lower extremity y one or lower Arm Leg Sensory 0 = normal sensation Sensory Loss y arm Leg Parsory Loss Arm Leg Sensory Lar RT 1 = mild loss but aware of touch, coma Face Arm Leg Best Language identify objects, read 1 = mild loss but aware of touch, coma Face Arm Leg 2 = severe, inamented speech 3 = mute, no usable speech, coma Dysarthria repeat tip 0 = normal, no slurring 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma Extinction / Neglect test double stimulation to 1 = present with both touch or vision 1 = Tr RT 1 = present with both touch or vision 2 = present with both touch & vision 3 mute, no slurring 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma Extinction / Neglect 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma Extinction / Neglect 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma Extinction / Neglect 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma Extinction / Neglect 1 = mild to moderate slurring but some words understandable 2 = severe,	er lifts up arm 3	3 = arm move 4 = no movem	es on bed, no anti-gravi nent	ity effort	RT										
Limb Ataxia finger to nose, heel down shin (score only if out of proportion to weakness) Sensory pin prick to face, arm and legs 0 = normal sensation 1 = present in both upper & lower extremity 0 = normal sensation 2 = severe loss, unaware of touch, coma 1 = mild impairment 2 = severe, fragmented speech sentences, explain picture 2 = severe, fragmented speech, coma Dysarthria repeat tip top, 50/50, huckleberry, baseball player, mama 2 = severe, unintelligible, mute or coma Extinction / Neglect test double stimulation to vision and touch. Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): Dixtinsation Ataxia LT RT	ed by patient or														
Sensory pin prick to face, arm and legs Best Language identify objects, read sentences, explain picture Dysarthria repeat tip top, 50/50, huckleberry, baseball player, mama Extinction / Neglect test double stimulation to vision and touch. Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): I = mild loss but aware of touch LT RT 2 = severe loss, unaware of touch LT RT 2 = severe loss, unaware of touch LT RT 2 = severe, fragmented speech 3 = mute, no usable speech, coma Dysarthria repeat tip top, 50/50, huckleberry, baseball player, mama 2 = severe, unintelligible, mute or coma Neglect 1 = present with touch or vision LT RT 2 = present with both touch & vision Touch Vision TOTAL Dizziness Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Sx Angioedema Y (yes) or N (no) Sx Angioedema Y (yes) or N (no)	o nose, heel down core only if out of	unable to I = present in	understand your comm 1 extremity, upper or l	nand lower	Ataxia LT RT										
identify objects, read sentences, explain picture 2 = severe, fragmented speech 3 = mute, no usable speech, coma Dysarthria repeat tip top, 50/50, huckleberry, 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma Extinction / Neglect 0 = no abnormality, coma, or aphasic Neglect test double stimulation to vision and touch. 1 = present with touch or vision LT RT vision and touch. 2 = present with both touch & vision Touch Vision Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): 1 = mild impairment 2 = severe, fragmented speech 3 = mute, no usable speech, coma Neglect Negl	k to face, arm and 1	I = mild loss b	but aware of touch		LT RT										
top, 50/50, huckleberry, baseball player, mama 2 = severe, unintelligible, mute or coma Extinction / Neglect test double stimulation to vision and touch. 1 = present with touch or vision 2 = present with both touch & vision Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma Neglect 1 = present with touch or vision LT RT 2 = present with both touch & vision TOTAL Dizziness Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Headache Rate pain in box 0-10 Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no)	objects, read 1 ces, explain picture 2 3	I = mild impai 2 = severe, fra 3 = mute, no t	agmented speech usable speech, coma												
test double stimulation to vision and touch. 1 = present with touch or vision 2 = present with both touch & vision Touch Vision Total Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): 1 = present with touch or vision LT RT Total Dizziness Y (yes) or N (no) Nouble Vision Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no)	50, huckleberry, 1 Il player, mama 2	I = mild to mo 2 = severe, ur	oderate slurring but sor nintelligible, mute or co	ma	standable										
vision and touch. 2 = present with both touch & vision Touch Vision T	•														
if suspected, alert ordering provider or Med Control if in ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): Dizziness Y (yes) or N (no) Double Vision Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Headache Rate pain in box 0-10 Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no)															
if suspected, alert ordering provider or Med Control if in ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): Dizziness Y (yes) or N (no) Double Vision Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Headache Rate pain in box 0-10 Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no)	nbolytic Complicati	ions:			TOTAL										
ambulance. Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing. Intracranial Hemorrhage (ICH): Double Vision Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Headache Rate pain in box 0-10 Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no)	ected, alert ordering)													
lips, mouth or throat, difficulty breathing. Headache Rate pain in box 0-10 Sx Intracranial Hemorrhage (ICH): Sx Angioedema Y (yes) or N (no)		<u> </u>			, , ,			<u> </u>		<u> </u>		<u> </u>		<u> </u>	
breathing. Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no)	outh or throat, difficu		•												
			Sx Intracranial Hemo	• 0											
	ase level of consciou	usness,	Sx Angioedema Pupil Size Left/Righ		es) or N (no)										
N&V, change in NIHSS 4 or Punil Reaction Left/Right															
greater, abrupt rise in BP, new headache, pupillary changes INITIALS					INITIALS										

rombolytic Complications:		TOTAL						
vider or Med Control if in bulance. gioedema: swelling of tongue, s, mouth or throat, difficulty	Dizziness	Y (yes) or N (no)						
	Double Vision	Y (yes) or N (no)						
	Nausea / vomiting	Y (yes) or N (no)						
	Headache	Rate pain in box 0-10						
	Sx Intracranial Hemorrhage	Y (yes) or N (no)						
racranial Hemorrhage (ICH):	Sx Angioedema	Y (yes) or N (no)						
crease level of consciousness,	Pupil Size Left/Right		/					
V, change in NIHSS 4 or ater, abrupt rise in BP, new	Pupil Reaction Left/Right		/					
adache, pupillary changes		INITIALS						
gnature	Signature _			 _ Sign	ature	 	 	

Stroke Thrombolytic Monitoring Record Page 1 of 6 17841 B Stroke t PA Assessment Flow Sheet (12.23) **HEALTH CARE**



MIN

BP

MIN

MIN

30 MIN

MIN

MIN

MIN

MIN

	0
McLaren	
A'A IVICI ALPII	

HEALTH CARE

Fhrombolytic Complications: if suspected, alert ordering provider

Angioedema: swelling of tongue, lips, mouth or throat, difficulty

N&V, change in NIHSS 4 or greater, abrupt rise in BP, new

Intracranial Hemorrhage (ICH): decrease level of consciousness,

or Med Control if in ambulance

breathing

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				ı	ı				ı	ı	
Thrombolytic Complic or Med Control if in ami	ations: if suspected, alert ordering provider	Date	30 MIN	30 MIN	9 HRS	10 HRS	11 HRS	12 HRS	13 HRS	14 HRS	15 HRS
	of tongue, lips, mouth or throat, difficulty	Time									
	ge (ICH): decrease level of consciousness,	BP									
N&V, change in NIHSS	4 or greater, abrupt rise in BP, new	ы									
headache, pupillary cha	nges	HR									
Level of consciousness	0 = alert, keenly responsive 1 = not alert, arousable by minor stimulation 2 = not alert, arousable by pain 3 = reflex response, unresponsive, coma										
LOC Orientation	0 = answers month, age correctly 1 = answers only 1 question correctly 2 = answers neither correctly, coma										
LOC Commands	0 = performs 2 commands correctly 1 = performs 1 command correctly 2 = performs neither command correctly, coma										
Horizontal Gaze patient eyes to follow your finger or face Visual Fields test 4 quadrants, may use visual threat if pt. aphasic	0 = normal eye movement all way to right & left 1 = gaze deviation but pupil crosses midline 2 = gaze deviation but pupil does not cross midline 0 = no visual field loss	Deviates LT RT sion Loss LT RT er Lower									
Facial Weakness	3 = bilateral visual field loss or blindness										
smile, showing teeth, raise eyebrows, frown	0 = equal smile 1 = unequal smile, flattened nasal labial fold 2 = paralysis of lower face 3 = paralysis of upper and lower face										
Motor Arm arm raised by patient or examiner lifts up arm	0 = no drift at end of 10 seconds 1 = drifts down, does not hit bed by end of 10 second 2 = drifts & hits bed before10 seconds 3 = arm moves on bed, no anti-gravity effort	ds LT									
	4 = no movement x = untestable, amputation or fusion	RT									
Motor Leg leg r aised by patient or examiner	Test for 5 seconds Score same as motor arm	LT RT									
Limb Ataxia finger to nose, heel down shin (score only if out of proportion to weakness)		Ataxia LT RT Arm Leg									
Sensory pin prick to face, arm and legs		sory Loss LT RT Arm Leg									
Best Language identify objects, read sentences, explain picture	0 = normal 1 = mild impairment 2 = severe, fragmented speech 3 = mute, no usable speech, coma										
Dysarthria repeat tip top, 50/50, huckleberry, baseball player, mama	0 = normal, no slurring 1 = mild to moderate slurring but some words unders 2 = severe, unintelligible, mute or coma										
Extinction / Neglect test double stimulation to vision and touch.	1 = present with touch or vision	Neglect LT RT ch Vision									
		TOTAL									
		s) or N (no) s) or N (no)	 								
	~	s) or N (no) s) or N (no)	1			+					
	,	in box 0-10	1			1					
	and the second s		1			1					
		es) or N (no) s) or N (no)	-			+					
		o) UI IN (IIU)			<u> </u>	 					
	Pupil Size Left/Right										
	Pupil Reaction Left/Right	INITIALS									
Signature	Signature	INITIALS			§	l Signature		<u> </u>	<u> </u>		



Stroke Thrombolytic Monitoring Record

17841 B Stroke t PA Assessment Flow Sheet (12.23)



		T				I	1		1		I
or Med Control if in ami		DATE	16 HRS	17 HRS	18 HRS	19 HRS	20 HRS	21 HRS	22 HRS	23 HRS	24 HRS
Angioedema: swelling breathing.	of tongue, lips, mouth or throat, difficulty	Time									
Intracranial Hemorrha	ge (ICH): decrease level of consciousness, 4 or greater, abrupt rise in BP, new	BP									
headache, pupillary cha	nges	HR									
LOC Level of consciousness	0 = alert, keenly responsive 1 = not alert, arousable by minor stimulation 2 = not alert, arousable by pain 3 = reflex response, unresponsive, coma										
LOC Orientation	0 = answers month, age correctly 1 = answers only 1 question correctly 2 = answers neither correctly, coma										
LOC Commands	0 = performs 2 commands correctly 1 = performs 1 command correctly 2 = performs neither command correctly, coma										
Horizontal Gaze patient eyes to follow your finger or face	0 = normal eye movement all way to right & left	Deviates LT RT									
Visual Fields test 4 quadrants, may use visual threat if pt. aphasic		ion Loss .T RT er Lower									
Facial Weakness smile, showing teeth, raise eyebrows, frown	0 = equal smile 1 = unequal smile, flattened nasal labial fold 2 = paralysis of lower face 3 = paralysis of upper and lower face										
Motor Arm arm raised by patient or examiner lifts up arm	0 = no drift at end of 10 seconds 1 = drifts down, does not hit bed by end of 10 second 2 = drifts & hits bed before10 seconds 3 = arm moves on bed, no anti-gravity effort 4 = no movement	ls LT RT									
Motor Leg	x = untestable, amputation or fusion										
leg raised by patient or examiner	Test for 5 seconds Score same as motor arm	LT RT									
Limb Ataxia finger to nose, heel down shin (score only if out of proportion to weakness)		Ataxia LT RT Arm Leg									
Sensory pin prick to face, arm and legs	1 = mild loss but aware of touch	ory Loss T RT Arm Leg									
Best Language identify objects, read sentences, explain picture	0 = normal 1 = mild impairment 2 = severe, fragmented speech 3 = mute, no usable speech, coma										
Dysarthria repeat tip top, 50/50, huckleberry, baseball player, mama	0 = normal, no slurring 1 = mild to moderate slurring but some words unders 2 = severe, unintelligible, mute or coma	tandable									
Extinction / Neglect test double stimulation to vision and touch.	1 = present with touch or vision L	Neglect T RT h Vision									
	•	TOTAL									
	Dizziness Y (yes) or N (no)									
) or N (no)								-	
	Nausea / vomiting Y (yes Headache Rate pain in	or N (no)								-	
		s) or N (no)								<u> </u>	
	9 0 1) or N (no)									
	Pupil Size Left/Right Pupil Reaction Left/Right	, (110)									
		INITIALS									
Signature	Signature				8	Signature					
	Stroke Thrombolytic Mo		D								

Stroke Thrombolytic Monitoring Record

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HEALTH CARE



McLaren Health Care

ISCHEMIC STROKE & CRITICAL CARE FLOW SHEET **NURSES NOTES**

Date:			
·	 	 	

MR.#/RM.

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Post-Endovascular Procedure Flowsheet

Access site checks every 15 minutes x4, then every 30 minutes x4 then hourly x 9. To be initiated at end of case

Utilize radial band area if applicable—document time the band was applied, side the band was applied to, amount of air withdrawn, and time band is removed. Refer to current hospital guideline.

Time Frame	Pre-Op	Post-Op	15 min	15 min	15 min	15 min	30 min	30 min	30 min	30 min	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hou
Date																			
Time																			
Pulse Location (Dorsalis Pedis/Posterior tibialis/popliteal/radial/brachial)																			
Approach assessment L/R Groin/radial																			
Radial band application/removal																			
Withdraw two ml's of air every 15 minutes until pressure fully released if applicable																			
Dry & Intact																			
Pain																			
Oozing																			
Erythema																			
Swelling																			
Bruising																			
Temperature																			
Warm																			
Cool																			
Cold																			
Pulse																			
Present																			
Faint																			
Doppler Signal																			
Absent																			
Color																			
Normal																			
Pale																			
Cyanotic																			
Capillary Return																			
Brisk																			
Sluggish																			
Sensation																			
Present																			
Absent																			
RN Initials																			
Initial Signature/Title			Ir	nitial	Signat	ture/Ti	itle				Initi	al Sid	gnatur	ــــــــا م/Title					

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MR.#/RM.