

Thrombolytic Time Out Date: _____ Time: _____		Baseline at Start of Thrombolytic		w/in 15 min	15 MIN	15 MIN	15 MIN	15 MIN	15 MIN	15 MIN	15 MIN	30 MIN
Thrombolytic: _____ Bolus _____ mg Time: _____ 0.9 NaCl		Time										
Flush 10 cc Time: _____		BP										
Assess BP, HR, & NIHSS Q 15 in x 2 hours, Q 30 min x 6 hours, Q 1 hour x 16 hours		HR										
Complete Bedside Swallow Screen												
Document in Stroke Quality Documentation Band												
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 1 = gaze deviation but pupil crosses midline 2 = gaze deviation but pupil does not cross midline	Deviates LT RT										
Visual Fields test 4 quadrants, may use visual threat if pt. aphasic	0 = no visual field loss 1 = visual field loss in 1 quadrant 2 = visual field loss upper and lower quadrant 3 = bilateral visual field loss or blindness	Vision Loss LT RT Upper 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 seconds 2 = drifts & hits bed before 10 seconds 3 = arm moves on bed, no anti-gravity effort 4 = no movement x = untestable, amputation or fusion	LT RT										
Motor Leg 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)	0 = normal smooth movement or coma or unable to understand your command 1 = present in 1 extremity, upper or lower 2 = present in both upper & lower extremity	Ataxia LT RT Arm Leg										
Sensory pin prick to face, arm and legs	0 = normal sensation 1 = mild loss but aware of touch 2 = severe loss, unaware of touch, coma	Sensory Loss LT RT Face 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 understandable 2 = severe, unintelligible, mute or coma											
Extinction / Neglect test double stimulation to vision and touch.	0 = no abnormality, coma, or aphasic 1 = present with touch or vision 2 = present with both touch & vision	Neglect LT RT Touch Vision										
Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance.	TOTAL											
Angioedema: swelling of tongue, lips, mouth or throat, difficulty breathing.	Dizziness Y (yes) or N (no)											
Intracranial Hemorrhage (ICH): decrease level of consciousness, N&V, change in NIHSS 4 or greater, abrupt rise in BP, new headache, pupillary changes	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)											
	Pupil Size Left/Right											
	Pupil Reaction Left/Right											
	INITIALS											
Signature _____	Signature _____	Signature _____										

Stroke Thrombolytic Monitoring Record



Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance		Date	30 MIN	30 MIN	30 MIN	30 MIN	30 MIN	30 MIN	30 MIN	30 MIN	30 MIN	30 MIN
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Intracranial Hemorrhage (ICH): decrease level of consciousness, N&V, change in NIHSS 4 or greater, abrupt rise in BP, new headache, pupillary changes		BP										
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Signature _____	Signature _____	Signature _____										

Stroke Thrombolytic Monitoring Record



Thrombolytic Complications: if suspected, alert ordering provider or Med Control if in ambulance		Date	30 MIN	30 MIN	9 HRS	10 HRS	11 HRS	12 HRS	13 HRS	14 HRS	15 HRS
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