

NIH STROKE SCALE ITEM	Scoring Definitions	Date Time	1°	12°	24°	PRN	PRN	PRN
1a. LOC	0 = Alert and responsive 1 = Arousable to minor stimulation 2 = Arousable only to painful stimulation 3 = Reflex responses or unarousable							
1b. LOC Questions - Ask patient's age and month. Must be exact.	0 = Both correct 1 = One correct (or dysarthria, intubated, foreign language) 2 = Neither correct							
1c. Commands - Open/close eyes, grip and release non-paretic hand, (Other 1-step commands or mimic ok).	0 = Both correct (okay if impaired by weakness) 1 = One correct 2 = Neither correct							
2. Best Gaze - Horizontal EOM by voluntary or Doll's.	0 = Normal 1 = Partial gaze palsy; abni gaze in 1 or both eyes 2 = Forced eye deviation or total paresis which cannot be overcome by Doll's							
3. Visual Field - Use visual threat if necessary. If monocular, score field of good eye.	0 = No visual loss 1 = Partial hemianopia, quadrantanopia, extinction 2 = Complete hemianaopia 3 = Bilateral hemianopia or blindness							
4. Facial Palsy - If stuporous, check symmetry of grimace to pain.	0 = Normal 1 = Minor paralysis, flat NLF, asym smile 2 = Partial paralysis (lower face = UMN) 3 = Complete paralysis (upper and lower face)							
5. Motor Arm - Arms outstretched 90° (sitting) or 45° (upine) for 10 secs. Encourage best effort. Circle paretic arm in score box.	0 = No drift x 10 secs. 1 = Drift but doesn't hit bed 2 = Some antigravity effort, but can't sustain 3 = No antigravity effort, but even minimal movement counts 4 = No movement at all X = Unable to assess due to amputation, fusion, fx, etc.	L or R	L or R	L or R	L or R	L or R	L or R	L or R
6. Motor Leg - Raise leg to 30° supine x 5 secs.	0 = No drift x 5 secs. 1 = Drift but doesn't hit bed 2 = Some antigravity effort, but can't sustain 3 = No antigravity effort, but even minimal movement counts 4 = No movement at all X = Unable to assess due to amputation, fusion, fx, etc.	L or R	L or R	L or R	L or R	L or R	L or R	L or R
7. Limb Ataxia - Check finger-nose-finger; heel-shin; and score only if out of proportion to paralysis.	0 = No ataxia (or aphasic, hemiplegic) 1 = Ataxia in upper or lower extremity 2 = Ataxia in upper AND lower extremity X = Unable to assess due to amputation, fusion, fx, etc.	L or R	L or R	L or R	L or R	L or R	L or R	L or R
8. Sensory - Use safety pin. Check grimace or withdrawal if stuporous. Score only stroke-related losses.	0 = Normal 1 = Mild-mod unilateral loss but patient aware of touch (or aphasic, confused) 2 = Total loss, patient unaware of touch. Coma, bilateral loss							
9. Best Language - Describe cookie jar picture, name objects, read sentences. May use repeating, writing, stereognosis.	0 = Normal 1 = Mild-mod aphasia; (different but partly comprehensible) 2 = Severe aphasia; (almost no info exchanged) 3 = Mute, global aphasia, coma. No 1 step commands							
10. Dysarthria - Read list of words.	0 = Normal 1 = Mild-mod; slurred but intelligible 2 = Severe; unintelligible or mute X = Intubation or mech barrier							
11. Extinction/Neglect - Simultaneously touch patient on both hands, show fingers in both vision fields, ask about deficit, left hand.	0 = Normal, non detected. (vision loss alone) 1 = Neglects or extinguishes to double simultaneous stimulation in any modality (vis, aud, sens, spatial, body parts) 2 = Profound neglect in more than on modality							
NURSES NOTES Total								

Date: _____



PT.
MR.#/RM.
DR.

STROKE (Activase®) ISCHEMIC STROKE & CRITICAL CARE FLOW SHEET

0 TO 2-1/2 HOURS FROM INITIATION OF IV-rtPA

***Vital Signs and Neuro Checks every 15 minutes times 2 hours then every 30 minutes times 6 hours then every hour times 16 hours. For a total of 24 hours post rt-PA. Patient Specific deficits assessed with Neuro ✓'s.

IMPORTANT: Any changes in neuro exam, bleeding, or other adverse events should be further documented in the progress notes and physician to be notified.
*NIHSS to be documented on Page 5 at baseline, 1° post infusion, every 12° and with neuro changes.

Patient Weigh _____ Kg	Total Dose _____ mg	Bolus Dose _____ mg	Infusion Dose _____ mg									
50cc normal saline _____ (time)	rate of infusion _____											
Assessment times - Hour: Minutes post rt-PA	Baseline	Bolus Time	Infusion Time	15 min.	30 min.	45 min.	1 hr.	1 hr. 15 min.	1 hr. 30 min.	1 hr. 45 min.	2 hrs.	2 hrs. 30 min.
Date												
Time												
NIHSS - Total Score												
LOC												
LOC (Questions)												
LOC (Commands)												
Arms Left/Right												
Legs Left/Right												
Facial Palsy												
Deficit												
Deficit												
Deficit												
Deficit												
Deficit												
Heart Rate/Respiratory Rate												
Temperature q4°												
Blood Pressure												

Category	Description	Score	Category	Description	Score
MOTOR ARM (Elevate extremity to 90° if sitting or 45° if standing) Score right and left sides	No drift in 10 sec.	0	MOTOR LEG (Elevate extremity to 30° and score any drift/movement) Score right and left sides	No drift in 5 sec.	0
	Drifts before 10 sec.	1		Drifts before 5 sec.	1
	Some effort against gravity	2		Some effort against gravity	2
	No effort against gravity	3		No effort against gravity	3
	No movement Amputation, joint fusion (explain)	4 X		No movement Amputation, joint fusion (explain)	4 X
LEVEL OF CONSCIOUSNESS	Alert - keenly responsive	0	LOC QUESTIONS (month, age)	Answers both correctly	0
	Not alert ; but arousable by minor stimulation	1		Answers one correctly	1
	Not alert , requires repeated stimulation to attend	2		Answers neither question correctly	2
	Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, and areflexic	3	LOC COMMANDS (Open/close eyes, squeeze and let go)	Obeys both correctly	0
		Obeys one correctly		1	
			Answers neither question correctly	2	
FACIAL PALSY 0 - Normal 1 - Minor paralysis, Flat NLF (asym smile) 2 - Partial Paralysis (Lower Face - umn) 3 - Complete Paralysis (Upper & Lower Face)			ADDITIONAL DEFICITS Dizziness Headache Other deficits not addressed by NIH Diplopia Nausea/vomiting Please document in progress note (pg 4) Nystagmus Truncal ataxia		

Initial	Signature/Title	Initial	Signature/Title	Initial	Signature/Title

tPA verification



PT.
MR.#/RM.
DR.

STROKE (Activase®) ISCHEMIC STROKE & CRITICAL CARE FLOW SHEET

3 TO 11 HOURS FROM INITIATION OF IV-rtPA

***Vital Signs and Neuro Checks every 15 minutes times 2 hours then every 30 minutes times 6 hours then every hour times 16 hours. For a total of 24 hours post rt-PA. Patient Specific deficits assessed with Neuro ✓'s.

IMPORTANT: Any changes in neuro exam, bleeding, or other adverse events should be further documented in the progress notes and physician to be notified.

*NIHSS to be documented on Page 5 at baseline, 1° post infusion, every 12° and with neuro changes.

Assessment times - Hour: Minutes post rt-PA	3 hrs	3 hrs 30 min.	4 hrs	4 hrs 30 min.	5 hrs	5 hrs 30 min.	6 hrs	6 hrs 30 min.	7 hrs	7 hrs 30 min.	8 hrs	9 hrs.	10 hrs	11 hrs
Date														
Time														
NIHSS -Total Score														
LOC														
LOC (Questions)														
LOC (Commands)														
Arms Left/Right														
Legs Left/Right														
Facial Palsy														
Deficit														
Deficit														
Deficit														
Deficit														
Deficit														
Deficit														
Heart Rate/ Respiratory Rate														
Temperature q4°														
Blood Pressure														
RN Completing Assessment														

Category	Description	Score	Category	Description	Score
MOTOR ARM (Elevate extremity to 90° if sitting or 45° if standing) Score right and left sides	No drift in 10 sec.	0	MOTOR LEG (Elevate extremity to 30° and score any drift/movement) Score right and left sides	No drift in 5 sec.	0
	Drifts before 10 sec.	1		Drifts before 5 sec.	1
	Some effort against gravity	2		Some effort against gravity	2
	No effort against gravity	3		No effort against gravity	3
	No movement	4		No movement	4
	Amputation, joint fusion (explain)	X		Amputation, joint fusion (explain)	X
LEVEL OF CONSCIOUSNESS	Alert - keenly responsive	0	LOC QUESTIONS (month, age)	Answers both correctly	0
	Not alert ; but arousable by minor simulation	1		Answers one correctly	1
	Not alert , requires repeated stimulation to attend	2		Answers neither question correctly	2
	Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, and areflexic	3	LOC COMMANDS (Open/close eyes, squeeze and let go)	Obeys both correctly	0
		Obeys one correctly		1	
		Answers neither question correctly		2	
FACIAL PALSY 0 - Normal 1 - Minor paralysis, Flat NLF (asym smile) 2 - Partial Paralysis (Lower Face - umn) 3 - Complete Paralysis (Upper & Lower Face)			ADDITIONAL DEFICITS Dizziness Headache Other deficits not addressed by NIH Diplopia Nausea/vomiting Please document in progress note (pg 4) Nystagmus Truncal ataxia		
Initial	Signature/Title		Initial	Signature/Title	



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STROKE (Activase®) ISCHEMIC STROKE & CRITICAL CARE FLOW SHEET

12 TO 24 HOURS FROM INITIATION OF IV-rtPA

***Vital Signs and Neuro Checks every 15 minutes times 2 hours then every 30 minutes times 6 hours then every hour times 16 hours. For a total of 24 hours post rt-PA. Patient Specific deficits assessed with Neuro ✓'s.

IMPORTANT: Any changes in neuro exam, bleeding, or other adverse events should be further documented in the progress notes and physician to be notified.

*NIHSS to be documented on Page 5 at baseline, 1° post infusion, every 12° and with neuro changes.

Assessment times - Hour: Minutes post rt-PA	12 hrs	13 hrs	14 hrs	15 hrs	16 hrs	17 hrs	18 hrs	19 hrs	20 hrs	21 hrs	22 hrs	23 hrs.	24 hrs
Date													
Time													
NIHSS -Total Score													
LOC													
LOC (Questions)													
LOC (Commands)													
Arms Left/Right													
Legs Left/Right													
Facial Palsy													
Deficit													
Deficit													
Deficit													
Deficit													
Deficit													
Deficit													
Heart Rate/ Respiratory Rate													
Temperature q4°													
Blood Pressure													
RN Completing Assessment													

Category	Description	Score	Category	Description	Score
MOTOR ARM (Elevate extremity to 90° if sitting or 45° if standing) Score right and left sides	No drift in 10 sec.	0	MOTOR LEG (Elevate extremity to 30° and score any drift/movement) Score right and left sides	No drift in 5 sec.	0
	Drifts before 10 sec.	1		Drifts before 5 sec.	1
	Some effort against gravity	2		Some effort against gravity	2
	No effort against gravity	3		No effort against gravity	3
	No movement	4		No movement	4
	Amputation, joint fusion (explain)	X		Amputation, joint fusion (explain)	X
LEVEL OF CONSCIOUSNESS	Alert - keenly responsive	0	LOC QUESTIONS (month, age)	Answers both correctly	0
	Not alert ; but arousable by minor simulation	1		Answers one correctly	1
	Not alert , requires repeated stimulation to attend	2		Answers neither question correctly	2
	Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, and areflexic	3	LOC COMMANDS (Open/close eyes, squeeze and let go)	Obeys both correctly	0
		Obeys one correctly		1	
		Answers neither question correctly		2	
FACIAL PALSY 0 - Normal 1 - Minor paralysis, Flat NLF (asym smile) 2 - Partial Paralysis (Lower Face - umn) 3 - Complete Paralysis (Upper & Lower Face)			ADDITIONAL DEFICITS Dizziness Headache Other deficits not addressed by NIH Diplopia Nausea/vomiting Please document in progress note (pg 4) Nystagmus Truncal ataxia		
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