

**McLAREN LAPEER REGION
STROKE CRITICAL CARE FLOWSHEET**

Check one box according to order set being used:

- Subarachnoid Hemorrhage:** SBP less than 140 mmHg/Neuro checks and vital signs hourly/NIHSS once per shift unless there is neurological decline
- Intracerebral Hemorrhage:** SBP less than 160 mmHg/Neuro checks and vital signs hourly/NIHSS once per shift unless there is neurological decline
- Acute Ischemic Stroke (no Alteplase):** SBP per Physician order/Neuro checks and vital signs hourly/NIHSS once per shift unless there is neurological decline

Assessment	Base line	1	2	3	4	5	6	7	8	9	10	11	12
Date													
Time													
NIHSS-Total score													
LOC													
LOC (Questions)													
LOC (Commands)													
Facial Palsy													
Motor Arms Left/right	/	/	/	/	/	/	/	/	/	/	/	/	/
Motor Legs Left/right	/	/	/	/	/	/	/	/	/	/	/	/	/
Dizziness (y/n)													
Diplopia (y/n)													
Nystagmus (y/n)													
Headache (y/n)													
Nausea/vomiting (y/n)													
Pupil Size Left/right	/	/	/	/	/	/	/	/	/	/	/	/	/
Pupil Reaction Left/right	/	/	/	/	/	/	/	/	/	/	/	/	/
G Best Eye Opening													
C Best Verbal Response													
S Best Motor Response													
Total GCS													
Heart Rate/Respiratory rate	/	/	/	/	/	/	/	/	/	/	/	/	/
Blood Pressure													
Temperature q 4hr													
RN Completing Assessment													
Signature	Initials	Signature		Initials	Signature		Initials	Signature		Initials	Signature		Initials

**Write in specific deficits in NIH deficit section if applicable
**Use NIH scoring for all assessments scoring deficits



PT.
MR.#/RM.
DR.

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Assessment	13	14	15	16	17	18	19	20	21	22	23	24	
Date													
Time													
NIHSS-Total score													
LOC													
LOC (Questions)													
LOC (Commands)													
Facial Palsy													
Motor Arms Left/right	/	/	/	/	/	/	/	/	/	/	/	/	
Motor Legs Left/right	/	/	/	/	/	/	/	/	/	/	/	/	
Dizziness													
Dizziness (y/n)													
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Headache (y/n)													
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Pupil Size Left/right	/	/	/	/	/	/	/	/	/	/	/	/	
Pupil Reaction Left/right	/	/	/	/	/	/	/	/	/	/	/	/	
G Best Eye Opening													
C Best Verbal Response													
S Best Motor Response													
Total GCS													
Heart Rate/Respiratory rate	/	/	/	/	/	/	/	/	/	/	/	/	
Blood Pressure													
Temperature q 4hr													
RN Completing Assessment													
Signature	Initials	Signature		Initials	Signature		Initials	Signature		Initials	Signature		Initials

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