

Medical History

- None
- Migraine
- Stroke
- Intracranial Hemorrhage
- Diabetes
- Hypertension
- Hypercholesterolemia
- Cancer
- CAD
- PVD
- DVT
- Coagulation Disorder
- CHF
- A-Fib
- Valvular Heart Disease
- Carotid Artery Disease
- PE
- COPD
- Seizure
- Other _____

Surgical History

- None
- CABG
- Aortic/Mitral Valve Replacement
- CEA
- Pacemaker
- Other _____

Anti-Coagulants

- None
- Coumadin (Warfarin)
- Eliquis (Apixaban)
- Pradaxa (Dabigatran)
- Xarelto (Rivaroxaban)
- Heparin
- Lovenox

LAST DOSE: _____

Anti-Platelets

- None
- ASA 81 mg
- ASA 325 mg
- Plavix (Clopidogrel)
- Aggrenox
- Effient (Prasugrel)
- Brilinta (Ticagrelor)

LAST DOSE: _____

Dominant Hand

- Right
- Left

Not a Permanent Part of Patient Record
Privileged & Confidential

Drug Allergies

- None
- Iodine / Contrast
- Other _____

Last Known Well: Date: _____ Time: _____

Symptoms Detected: Date: _____ Time: _____

Family enroute to ED: Yes No

Family Phone Number:

EMS Radio Report: Pre-Notification Yes No

BP ____/____ HR ____ RR ____ O2 sat ____

RHYTHM _____ BS ____ GCS _____

OXYGEN None ____ L/MIN Source: _____

IV ACCESS: _____ (prefer 20g antecubital)

PRESENTATION:

RECENT FALL: Yes No

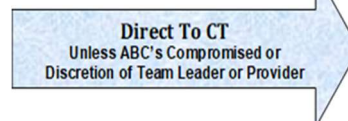
HEADACHE: Yes No Pain (0-10) _____

Stroke Screen "Be-FAST"

BALANCE COORDINATION	<input type="radio"/> Difficulty Walking <input type="radio"/> Difficulty using one hand
EYES	<input type="radio"/> Double Vision <input type="radio"/> Visual Field Cut RT / LT <input type="radio"/> Gaze Deviation RT / LT
FACIAL DROOP	<input type="radio"/> Normal <input type="radio"/> Abnormal RT / LT
ARM DRIFT	<input type="radio"/> Normal <input type="radio"/> Weak RT / LT <input type="radio"/> No Movement RT / LT
SPEECH	<input type="radio"/> Normal <input type="radio"/> Slurred <input type="radio"/> Wrong Words <input type="radio"/> Unable to Speak

In-Hospital Code Stroke: Room # _____

Cheboygan ED - Fax to (231) 487-3423



CODE STROKE RECORD

Ischemic Stroke / Non-Traumatic Hemorrhagic Stroke

Code Stroke: Clock / Goal Start time

Date: ___/___/___

ED: Registration Time (aka Door In) ___:___

In-Hospital: Time symptoms detected ___:___

Cancel Code Stroke – call 7-7777

√	Code Stroke Checklist
	POC BS _____ (ED may use EMS result)
	Actual Weight _____ kg document in Cerner
	Swallow Screen Completed document in Cerner
	Administer Aspirin in ED if NO IV Thrombolytic
Time	Code Stroke Core Measures
	Code Stroke called: 7-4444 Goal: 5 min or less
	Code Provider at bedside Goal: 3 min or less
	CT 1st Slice Goal: 15 min or less
	CT results communicated to Provider directly
	CTA Head & Neck (NIH 2 or greater)
Time	MSN Telemedicine / Transfer to Flint
	1st Call: Telemedicine Call Center - At time of CT
	2nd Call: if no call back in 9 min.
	Neuro Interventionalist call back time
	Decision to Transfer to Flint
	Report to Flint PA (810-342-2828)
	Depart ED Goal: Door In – Door Out w/in 60 min
Time	Thrombolytic Administration
	Decision by Provider for Thrombolytics:
	Thrombolytic Time Out Completed <i>Document on Thrombolytic Documentation Tool</i>
	BP 180/105 or less prior to TNK-ase bolus
	Initiation of BP Management Medication
	TNK-ase bolus ___mg (5 sec) Goal w/in 30 min
	10 cc 0.9 NS Flush administered after Bolus
	Initiate Thrombolytic Monitoring Record (Complete Times for full 24 hours)
	NIH handoff / Report provided to admitting RN Document NIH Handoff in Cerner
	Code Stroke Nursing Note Created in Cerner

Large Vessel Occlusion
NIH Stroke Scale 6 or greater
Visual field cut
Deviated gaze
Severe aphasia or mute
Face/arm weaker than leg

Posterior Circulation Stroke
NIH Stroke Scale may be 0
Dizziness
Deviated Gaze
Double Vision
Discoordination
Dysarthria
Dysphagia
Look for DIZZY + 1

Large Vessel Occlusion suspected
EARLY notification: Both Flight Crew & Local EMS
Flight: Time called _____
(Request stand-by for stroke, provide pt. wt.)
1 st Aero Med: (800) 862-0921
2 nd Guardian Flight: (800) 828-0168
Ground: Time called _____
Petoskey: Emmet EMS (231) 330 – 1836 (If no call back in 5 minutes, call 911)
Cheboygan: Cheboygan Life Support (231) 439 – 3500 (Non-Emergent)
Dispatch: (800) 577-1911

Flint Telemedicine Call Center
1-844-880-3500

Neuro Interventionalist (Please ✓)

___ Dr. Aniel Majjhoo ___ Dr. Bharath Naravetla ___ Dr. Mahmoud Rayes

FLINT PA DIRECT LINE: 810.342.2828

Phone #s	Petoskey	Cheboygan
House Supervisor	73300	
CT Mobile	VOCERA	21532
Lab	74519	21217
Pharmacy	74217	21251

11-Item NIH Stroke Scale Category	Complete: Code stroke activation / Baseline Every Hour until Admission/Transfer	Date / / Time	/	/	/
1a Level of Consciousness (LOC)	0 Alert; keenly responsive 1 Not alert; arousable by minor stimuli 2 Arousable to only painful stimuli 3 Reflex response / Unresponsive / Coma				
1b LOC Orientation Questions (Month and age)	0 Answers both correctly 1 Answers one correctly or endotracheal tube present 2 Neither correct / No comprehension / Coma				
1c LOC Commands	0 Performs both tasks correctly 1 Performs one task correctly 2 Performs neither task correctly / Coma				
2 Horizontal Gaze Patient follows examiner's finger or face	0 Normal eye movement all way to right & left 1 Gaze deviation but pupil crosses midline 2 Gaze deviation and pupil does not cross midline				
3 Visual Test all 4 quadrants by finger counting or visual threat	0 No visual loss 1 Partial hemianopia – 1 quadrant 2 Complete hemianopia – upper & lower quadrant 3 Bilateral hemianopia or blindness				
4 Facial Palsy Smile / show teeth - raise eyebrows and squeeze eyes shut (mimic ok)	0 Equal smile 1 Unequal smile, flattened nasal labial fold 2 Paralysis of lower face 3 Paralysis of upper & lower face				
5 Motor - Arm Arm outstretched by patient or lifted up by examiner	0 No drift at end of 10 seconds 1 Drifts down, does not hit bed by end of 10 seconds 2 Drifts down & hits bed before 10 seconds 3 Arm moves on bed, no effort against gravity 4 No movement x Unable to assess (amputation, fusion)		LT		RT
6 Motor - Leg Raise each leg to 30° for 5 seconds	Test for 5 seconds Score same as motor arm		LT		RT
7 Limb Ataxia Finger - nose - finger; heel down shin (score only if no weakness or deficit identified)	0 Normal smooth movement or coma or unable to understand your command 1 Present in one extremity, upper or lower 2 Present in both upper and lower extremity				
8 Sensory Pin prick to face, arm & legs	0 Normal sensation 1 Mild loss but aware of touch 2 Severe loss, unaware of touch / Coma				
9 Best Language Identify objects, read sentences, explain picture	0 Normal 1 Mild impairment 2 Severe, fragmented speech 3 Mute, no usable speech				
10 Dysarthria Repeats mama, tip top, 50 50, huckleberry, baseball player	0 Normal, no slurring 1 Mild to moderate slurring but some words understandable 2 Severe, unintelligible, mute or coma				
11 Extinction & Inattention Test double stimulation to vision and touch	0 No abnormality, coma, aphasic 1 Present with touch or vision 2 Present with both touch & vision				
Total Score (0-42)					
Dizziness Y (yes) N (no)					
Double Vision Y (yes) N (no)					
Nausea / Vomiting Y (yes) N (no)					
Headache Rate pain in box 0 - 10					
Initials					

Is pt. able to hold a conversation? R or L Handed?
Is pt. able to sit on the edge of the bed? Ambulate?

Head CT Positive for BLEED	
Time	Quality Metrics: Nontraumatic
	ICH: SBP 130 - 150 SAH: SBP 120 - 140 Goal: w/in 1 hr of arrival BP goal/target may be individualized by Neurosurgeon or Neuro Interventionalist
	Rapid Reversal Protocol initiated Goal: w/in 1 hr of arrival
	Neurosurgeon consulted - EVD
	Non-traumatic SAH transferred to Flint: aneurysm coiling / neuro ICU

Glasgow Coma Scale	
Eye Opening Response	
Spontaneous – open w blinking at baseline	4
So verbal stimuli, command, speech	3
To pain only (not applied to face)	2
No response	1
Verbal Response	
Oriented	5
Confused conversation but able to answer questions	4
Incomprehensible speech	3
Inappropriate words	2
No response	1
Motor Response	
Obeys command for movement	6
Purposeful movement to painful stimuli	5
Withdraws in response to pain	4
Flexion: decorticate posturing	3
Extension: decerebrate posturing	2
No response	1
TOTAL	

Per National Requirements GCS Less or Equal to 5

You Must Call

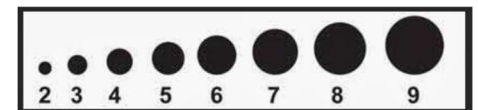
GIFT OF LIFE (1-800-482-4881)

In 1ST Hour after Arrival

PUPILS:

NON-REACTIVE / REACTIVE / SLUGGISH

RIGHT _____ LEFT _____



Evaluating Disability Questions:

- Will you be able to return to work as normal with these deficits?
- Will you be able to perform your everyday activities or hobbies?
- Do you consider your symptoms to be disabling?

Inclusion/Exclusion Criteria

2018 AHA/ASA Guidelines

Inclusion Criteria:

- Diagnosis of ischemic stroke causing measurable neurological deficit
- Onset of symptoms <4.5 hours before beginning treatment can be confirmed with Last Known Well time
- Age greater than or equal to 18 years

Exclusion Criteria:

- Current intracranial hemorrhage
- Subarachnoid hemorrhage
- Active internal bleeding
- Arterial puncture at noncompressive site in previous 7 days
- Recent (within 3 months) intracranial or intraspinal surgery or serious head trauma
- Presence of intracranial conditions that may increase the risk of bleeding (e.g. some neoplasms; arteriovenous malformations; or aneurysms)
- Bleeding diathesis
- Current severe uncontrolled hypertension
- Last Known Well time cannot be determined

Known bleeding diathesis including, but not limited to:

- Platelet count <100 000/mm³
- Heparin received within 48 hours resulting in abnormally elevated PTT greater than the upper limit of normal
- Current use of anticoagulant with INR >1.7 or PT >15 seconds or PTT > 40 seconds
- Current use of thrombin inhibitors or factor Xa inhibitors with elevated lab tests (aPTT; INR; Platelet count; ECT; TT or Factor Xa assay)
- XA inhibitor within 48 hours
- Initial Blood glucose concentration <50 mg/dl
- CT demonstrates multilobar infarction (within previous 3 months)

Relative Exclusion Criteria:

- None
- Age >80 years
- Pregnancy
- Seizure at onset with postictal residual neurological impairments
- Major surgery or serious trauma within previous 14 days
- Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
- Recent acute myocardial infarction (within previous 3 months)

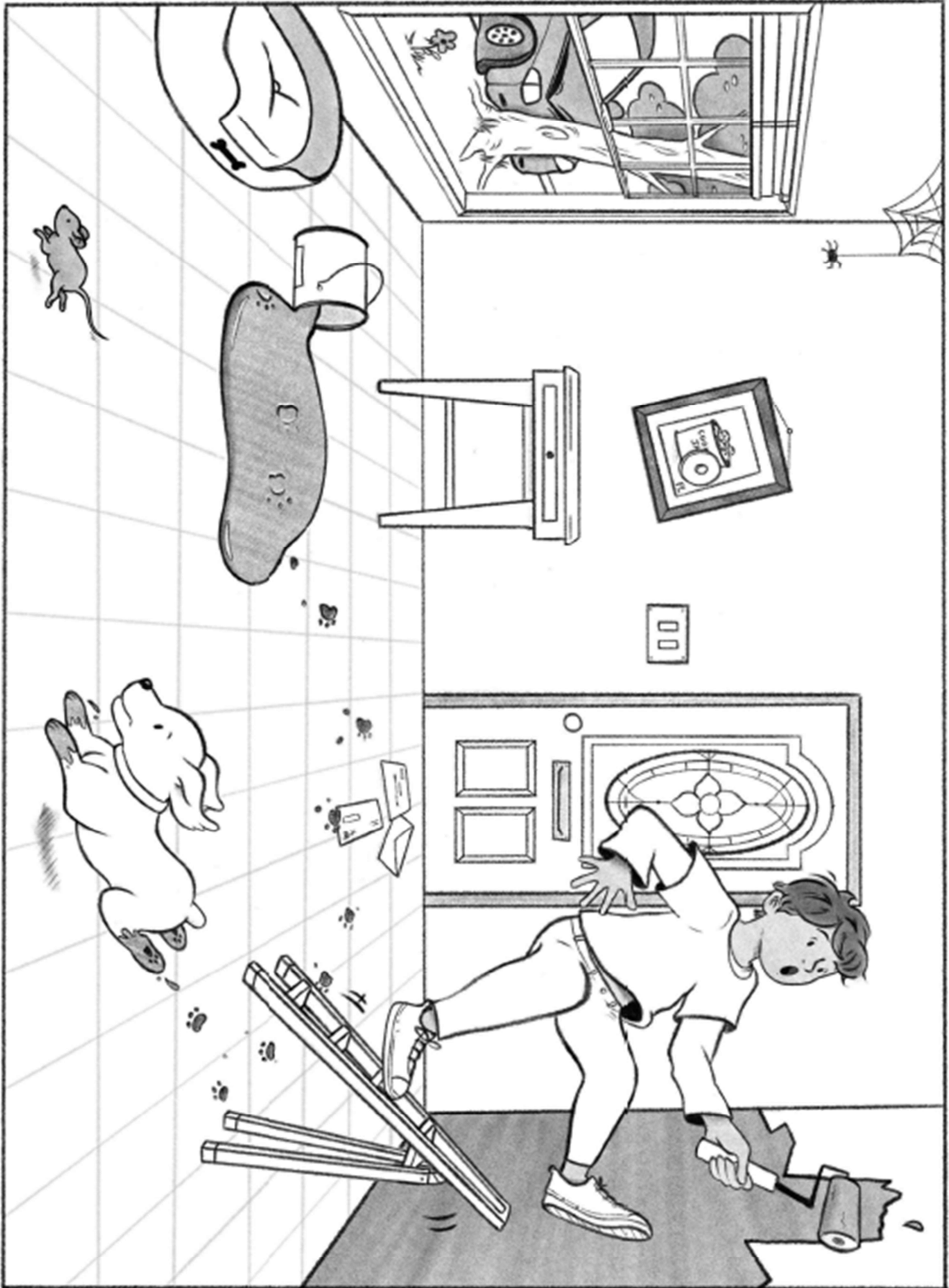
Additional Warnings for TNK-ase use from 3 to 4.5 hours:

- None
- Age >80 Years
- Severe Stroke(NIHSS >25)
- Taking an oral anticoagulant regardless of INR
- History of both diabetes and prior ischemic stroke

Direct Thrombin Inhibitors and Direct Factor Xa Inhibitors	
GENERIC NAME	BRAND NAME
Dabigatran	Pradaxa
Fondaparinux	Arixtra
Rivaroxaban	Xarelto
Apixaban	Eliquis
Edoxaban	Savaysa

CODE STROKE RECORD

Ischemic Stroke / Non-Traumatic Hemorrhagic Stroke



CODE STROKE RECORD

Ischemic Stroke / Non-Traumatic Hemorrhagic Stroke



© Apex Innovations 2023

MAMA

TIP – TOP

FIFTY – FIFTY

THANKS

HUCKLEBERRY

BASEBALL PLAYER

CATERPILLAR

You know how.

Down to earth.

I got home from work.

**Near the table in the dining
room.**

**They heard him speak on the
radio last night.**