

Thrombolytic Time Out Date: _____ Time: _____ Thrombolytic: _____ Bolus _____ mg Time: _____ 0.9 NaCl Flush 10 ml Time: _____ Assess BP, HR, & NIHSS Q 15 min x 2 hours, Q 30 min x 6 hours, Q 1 hour x 16 hours Complete Bedside Swallow Screen Document in Stroke Quality Documentation Band		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	
		Time											
		BP											
HR													
LOC Level of consciousness Required	0 = alert, keenly responsive 1 = not alert, arousable by minor stimulation 2 = not alert, arousable by pain 3 = reflex response, unresponsive, coma												
LOC Orientation Required	0 = answers month, age correctly 1 = answers only 1 question correctly 2 = answers neither correctly, coma												
LOC Commands Required	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											
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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): decrease level of consciousness, N&V, change in NIHSS 4 or greater, abrupt rise in BP, new headache, pupillary changes	TOTAL												
	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)											
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	Pupil Size Left/Right												
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Signature _____	Signature _____	Signature _____											



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