Based and productions of the company of the compa	Г			1 2	3 4 5	6	7 8	9 10	11	12	Check one hox according to order set being used: 13 14 15 16 17 18 19 20 21 22 23 24
The Common Commo	"		н								
Limited interviews of the control process of											Subalactition refinitings. 3DF less trial 140 fillin ig/reduct clears and vital
The contract of the contract o											□ Intracerebral Hemorrhage: SBP 130–150 mmHg/Neuro checks and vital signs
The contraction company of the contraction contraction company of the contraction co			HR								
Oscarials   5 ancested only 1 subtracts controlly   5 and 2 subtracts controlly   5 ancested only 1 subtracts controlly   5 and 2 subtracts controlly   5 ancested only 1 subtracts controlly   5 and 2 subtracts   5 an	Level of consciousness 1 = not ale 2 = not ale	ert, arousable by minor stimulation ert, arousable by pain									Level of consciousness 1 = not alert, arousable by minor stimulation 2 = not alert, arousable by pain
Commands  1 - a potent a Commands  1 - a potent a Commands  Net Recissal Gaze  1 - a potent a Commands  1 - a potent a command and potent and a	Orientation 1 = answe	ers only 1 question correctly									Orientation 1 = answers only 1 question correctly
The Acade Services of Services	Commands 1 = perfor 2 = perfor	ms 1 command correctly ms neither command correctly, com									Commands  1 = performs 1 command correctly 2 = performs neither command correctly, coma
" - Vest affect to serve of the control of the co	patient eyes to follow your finger or face 1 = gaze of 2 = gaze of	deviation but pupil crosses midline deviation but pupil does not cross m	LT RT								patient eyes to follow 1 = gaze deviation but pupil crosses midline LT RT your finger or face 2 = gaze deviation but pupil does not cross midline
The property professor of the contract services and the follower file of the contract services are serviced from the contract of the contract	test 4 quadrants, may use 1 = visual 2 = visual	field loss in 1 quadrant field loss upper and lower quadrant U	LT RT								test 4 quadrants, may use 1 = visual field loss in 1 quadrant LT RT 2 = visual field loss upper and lower quadrant Upper Lower
Motor Arm  of an orifitation of of 9 seconds  remarked by gliffer of 19 seconds  ownwrited his up arm  of a different own case of the best by end of 19 seconds IT  and the second of 19 seconds IT  a	smile, showing teeth, raise evebrows frown  1 = unequency 2 = paraly	ual smile, flattened nasal labial fold rsis of lower face									smile, showing teeth, raise evehrows frown  1 = unequal smile, flattened nasal labial fold 2 = paralysis of lower face
Motor Leg tog visibed by visible to or examers    Complete Bedside Swallow   Complete Bedside Swallow	arm raised by patient or examiner lifts up arm 1 = drifts d 2 = drifts 8 3 = arm m	down, does not hit bed by end of 10 se & hits bed before 10 seconds noves on bed, no anti-gravity effort									arm raised by patient or examiner lifts up arm  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  RT
examiner  ILIMP Attacl Integer to nose, heel town shift (case only if our off proportion to waterways)  2 - present in 1 extremely, upper or lowe A  I - present in 1 extremely, upper of lowe a  I - present in 1 extremely, upper or lowe A  I - present in 1 extremely, upper of lowe a  I - present in 1 extremely, upper of lowe a  I - present in 1 extremely, upper of lowe a  I - present in 1 extremely, upper of lowe a  I - present in 1 extremely, upper of lowe a  I - present in 1 extremely, upper of lowe a  I - present in 1 extremely, upper of lowe a  I - pre	Motor Leg	Test for 5 seconds	LT								Motor Leg Test for 5 seconds LT
finger to nose, head down shin (score only foul) and sensition of the extensity upper of lower with shin (score only foul) and shin (seore only foul) and sh	examiner	Score same as motor ann	RT								log relicou by periorit of
1 mild loss but aware of louch   LT RT   RT   RT   RT   RT   RT   RT	finger to nose, heel down shin (score only if out of 1 = preser	e to understand your command nt in 1 extremity, upper or lower	LT RT								finger to nose, heel down shin (score only if out of the control o
### services of the control of the c	pin prick to face, arm 1 = mild lo	oss but aware of touch L	T RT								pin prick to face, arm 1 = mild loss but aware of touch LT RT
top. 50%, huckbeerry, ama 2 = mild to moderate sluring but some words understandable baseal player, mam 2 = severe, unintelligible, mute or coma 3 = severe, unintelligible, mute or coma 2 = severe, unintelligible, mute or coma 3 = severe, unintelligible, mute or coma 4 = severe, unintelligible mute or coma 4 = severe unintelligible, mute or coma 4 = severe unintelligible, mute or coma 4 = severe unintel	identify objects, read sentences, explain picture  1 = mild ir 2 = severe	mpairment e, fragmented speech									identify objects, read contenees explain picture  1 = mild impairment 2 = severe, fragmented speech
test double stimulation to 2 = present with fouch or vision Touch Vision Touch Wision Touch Vision Touch Visi	top, 50/50, huckleberry, 1 = mild to	moderate slurring but some words und	derstandable								top, 50/50, huckleberry, 1 = mild to moderate slurring but some words understandable
Complete Bedside Swallow Screen  Dizziness Y (yes) or N (no) Double Vision Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no) Notify physician of NIHSS increase of 4 or more points.  INITIALS  Complete Bedside Swallow Screen  Dizziness Y (yes) or N (no) Double Vision Y (yes) or N (no) Nausea / vomiting Y (yes) or N (no) Sx Intracranial Hemorrhage Y (yes) or N (no) Sx Angioedema Y (yes) or N (no) Sx Angioedema Y (yes) or N (no) Notify physician of NIHSS increase of 4 or more points.  INITIALS	test double stimulation to 1 = preser	nt with touch or vision L	T RT ch Vision								test double stimulation to
Double Vision Y (yes) or N (no)  Document in Stroke Quality Documentation Band Notify physician of NIHSS increase of 4 or more points.  Double Vision Y (yes) or N (no)  Nausea / vomiting Y (yes) or N (no)  Document in Stroke Quality Documentation Band Notify physician of NIHSS increase of 4 or more points.  Double Vision Y (yes) or N (no)  Nausea / vomiting Y (yes) or N (no)  Nausea / vomiting Y (yes) or N (no)  Nausea / vomiting Y (yes) or N (no)  Sx Intracranial Hemorrhage Y (yes) or N (no)  Sx Angioedema Y (yes) or N (no)  Notify physician of NIHSS increase of 4 or more points.  INITIALS  Double Vision Y (yes) or N (no)  Nausea / vomiting Y (yes) or N (no)  Sx Intracranial Hemorrhage Y (yes) or N (no)  Sx Angioedema Y (yes) or N (no)  Notify physician of NIHSS increase of 4 or more points.  INITIALS		Distance									Complete Bedside Swallow
Document in Stroke Quality Documentation Band Notify physician of NIHSS increase of 4 or more points.  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  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  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  Notify physician of NIHSS increase of 4 or more points.  Notify physician of NIHSS increase of 4 or more points.  Notify physician of NIHSS increase of 4 or more points.  Notify physician of NIHSS increase of 4 or more points.  Notify physician of NIHSS increase of 4 or more points.  Notify physician of NIHSS increase of 4 or more points.  Notify physician of NIHSS increase of 4 or more points.	Screen										
Notify physician of NIHSS increase of 4 or more points.  Sx Angioedema Y (yes) or N (no)  Pupil Size Left/Right  Pupil Reaction Left/Right  Notify physician of NIHSS increase of 4 or more points.  Sx Angioedema Y (yes) or N (no)  Pupil Size Left/Right  Pupil Reaction Left/Right  INITIALS  Notify physician of NIHSS increase of 4 or more points.  INITIALS		Nausea / vomiting Y (yes Headache Rate pain in	s) or N (no) n box 0–10								Document in Stroke Quality Documentation Band  Nausea / vomiting Y (yes) or N (no) Headache Rate pain in box 0–10
INITIALS	NIHSS increase of 4 or	Sx Angioedema Y (yes Pupil Size Left/Right	, , , , , , , , , , , , , , , , , , ,								Notify physician of NIHSS increase of 4 or Sx Angioedema Y (yes) or N (no) Pupil Size Left/Right
SignatureSignatureSignatureSignatureSignatureSignatureSignature	more points.	Pupil Reaction Left/Right	INITIALS								
	Signature	Signature			Signature					_ ]	Signature Signature Signature



**Monitoring Record** 

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PT. MR.#/RM.



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PT. MR.#/RM. DR.

## **McLaren Health Care**

## ISCHEMIC STROKE & CRITICAL CARE FLOW SHEET NURSES NOTES

Date:	
	-



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MR.#/RM.

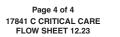
## Post-Endovascular Procedure Flowsheet

Access site checks every 15 minutes x4, then every 30 minutes x4 then hourly x 9. To be initiated at end of case

Utilize radial band area if applicable—document time the band was applied, side the band was applied to, amount of air withdrawn, and time band is removed. Refer to current hospital guideline.

Time Frame	Pre-Op	Post-Op	15 min	15 min	15 min	15 min	30 min	30 min	30 min	30 min	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour
Date																			
Time																			
Pulse Location (Dorsalis Pedis/Posterior tibialis/popliteal/radial/brachial) Approach assessment L/R																			
Groin/radial																			
Radial band application/removal																			
Withdraw two ml's of air every 15 minutes until pressure fully released if applicable																			
Dry & Intact																			
Pain																			
Oozing																			
Erythema																			
Swelling																			
Bruising																			
Temperature																			
Warm																			
Cool																			
Cold																			
Pulse																			
Present																			
Faint																			
Doppler Signal																			
Absent																			
Color																			
Normal																			
Pale																			
Cyanotic																			
Capillary Return																			
Brisk																			
Sluggish																			
Sensation																			
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PT.
MR.#/RM.

DR.