

Check one box according to order set being used:			1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Subarachnoid Hemorrhage: SBP less than 140 mmHg/Neuro checks and vital signs hourly/NIHSS once per shift unless there is neurological decline.		Time												
<input type="checkbox"/> Intracerebral Hemorrhage: SBP 130–150 mmHg/Neuro checks and vital signs hourly/NIHSS once per shift unless there is neurological decline.		BP												
<input type="checkbox"/> Acute Ischemic Stroke (no Alteplase): SBP per Physician order/Neuro checks and vital signs hourly/NIHSS once per shift unless there is neurological decline.		HR												
LOC Level of consciousness	0 = alert, keenly responsive 1 = not alert, arousable by minor stimulation 2 = not alert, arousable by pain 3 = reflex response, unresponsive, coma													
LOC Orientation	0 = answers month, age correctly 1 = answers only 1 question correctly 2 = answers neither correctly, coma													
LOC Commands	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												
Sensory pin prick to face, arm and legs	0 = normal sensation 1 = mild loss but aware of touch 2 = severe loss, unaware of touch, coma	Sensory Loss LT RT Face Arm Leg												
Best Language identify objects, read sentences, explain picture	0 = normal 1 = mild impairment 2 = severe, fragmented speech 3 = mute, no usable speech, coma													
Dysarthria repeat tip top, 50/50, huckleberry, baseball player, mama	0 = normal, no slurring 1 = mild to moderate slurring but some words understandable 2 = severe, unintelligible, mute or coma													
Extinction / Neglect test double stimulation to vision and touch.	0 = no abnormality, coma, or aphasic 1 = present with touch or vision 2 = present with both touch & vision	Neglect LT RT Touch Vision												
Complete Bedside Swallow Screen	TOTAL													
	Dizziness Y (yes) or N (no)													
	Double Vision Y (yes) or N (no)													
	Nausea / vomiting Y (yes) or N (no)													
Document in Stroke Quality Documentation Band	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													
Notify physician of NIHSS increase of 4 or more points.	Pupil Reaction Left/Right													
	INITIALS													
Signature _____	Signature _____	Signature _____												

Monitoring Record



673

PT.
MR.#/RM.
DR.

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