Emergency Department Acute Stroke Assessment SJH

Name:
DoB:
Address:
CHI:

Target Door to Needle for Thrombolysis is <30 min, <60 min to thrombectomy

Date: ___/___/___	**Pre-alerted?** Yes □ No □ (OOH only -Via radiology Reg)	**Radiology Pre-alerted?** Yes □ No □	**Weight ____kg**	
Last awake: & **symptom free**	Date: ___/___/___ Time: _____	**ED arrival**: Time:_____	Date: ___/___/___	
Difference: _____ hours	**Within 4.5 hours**? YES □ NO □ (Go to page 2)			
BG:	BP:	NIHSS Score: (page 4)	O_2 SATS:	GCS:
Is patient suitable for mechanical thrombectomy in addition to TPA (disabling stroke, onset less than 6 hours ago, previously independent, 8am -4.30pm Mon-Fri)? If YES, order CT/CTA/CTP? If NO, then consider TPA only.				
CT ordered: _____ (time)	**CT performed**:_____ (time)			
Stroke consultant contacted - Name:	**Time:**			
Bloods:	Plts:	APTT:	INR:	
(bleep **3729** (OOH) **or call 53353** for urgent processing)				
CT result: No haemorrhage ☐ ICH ☐ If ICH follow ACT guideline using \sich) Other ☐ _____				

Factors to Consider – discuss with stroke and tick if indicated:

History suggestive of SAH	
Seizure at stroke onset	
Bacterial endocarditis/pericarditis	
Previous stroke **plus** diabetes	
Another stroke or HI in last 3/12	
GI or urinary bleeding in last 21 days	
Invasive procedure (including biopsy) or significant trauma in last 14 days	
Arterial puncture at non-compressible site in last 10 days	
Severe liver disease (cirrhosis, varices, hepatic failure)	
Possibility of pregnancy	
Rapidly improving neurology	

Systolic >185	
Diastolic >110	
BM < 2.8 or >22	
Plts <100,000	
INR >1.7	
Anticoagulants?	
LMWH within last 48 hours **and** APTT raised	

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****USE 25mg Vial****

Tenecteplase dosing **(Please tick dose)** **Patient weight (kg)** _____

Patient's body weight (kg)	Tenecteplase dose (mg)	Bolus volume of reconstituted solution (ml)
<60	☐ 15.0	3.0
≥60 to <70	☐ 17.5	3.5
≥70 to <80	☐ 20.0	4.0
≥80 to <90	☐ 22.5	4.5
≥90	☐ 25.0	5.0

Reconstituted with 5mls sterile water for injections and deliver bolus over 5-10 seconds, flush line after administration. Medusa Injectable Medicines guide can be checked for further information.

- **Tenecteplase contraindicated if history of gentamicin hypersensitivity. Alteplase is alternative**
- Caution required for patients <50kg – consultant discretion required
- Tenecteplase not licensed for patients <18 yrs old. Alteplase licensed in 16-17 year olds. Consultant's decision

Relatives/NOK are: ☐ On Route ☐ At home ☐ STJ ED (NOK not able to travel to RIE, Stroke Liaison Nurse (RIE) will contact relative/NOK after procedure)

For patients **not** being thrombolysed:	
CT ordered ☐	**CT done** ☐ Date: _____ Time: _____
Aspirin 300mg dose prescribed ☐	**Aspirin given** ☐ Date:_____ Time: _____
If ICH with high INR or on DOAC	**Haematology contacted?** ☐ time:_____
Reversal: ☐ Vit K ☐ Beriplex ☐ Others:	☐ None

For **ALL** patients:

Swallow screen: **(4hrs from presenting)** ☐ (please document in TRAK using \swallowscreen)
If unsafe, give..... as per clinical need

ECG: ☐ _____

Destination: ☐ Stroke unit ☐ MHDU ☐ MAU ☐ ITU ☐ Other: _____
If not Stroke unit; reason?

Other Relevant information/variance from standard protocol:	
Signature: Print name: Designation:	Date: ___/___/___

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ED SJH Acute Stroke Assessment			Addressograph, or Name: DOB: Hospital no/CHI:			
National Institute of Health Stroke Scale (NIHSS)			**Time**	**Time**	**Time**	**Time**
Level of Consciousness	0 Alert 1 Rousable by minor stimulation 2 Rousable by strong / painful stimulation 3 Comatose					
Questions	Score 1 for each ***incorrect*** answer	States Age				
		States Month				
Commands	Score 1 for each command ***not*** followed correctly	Open and close eyes				
		Grip and release normal hand				
Best Gaze	0 Normal 1 Partial gaze palsy 2 Forced deviation					
Visual Fields	0 No visual loss or comatose 1 Partial hemianopia 2 Complete hemianopia 3 Bilateral hemianopia or blind					
Facial Palsy	0 Normal 1 Asymmetry on smiling 2 Total paralysis of lower face 3 Absent movement in upper and lower face					
Best Motor ARM	0 Holds limb at 90 degrees for full 10 seconds 1 Drifts down but does not hit bed 2 Some effort against gravity 3 No effort against gravity 4 No movement	Right Arm				
		Left Arm				
Best Motor LEG	0 Holds limb at 45 degrees for full 5 seconds 1 Drifts down but does not hit bed 2 Some effort against gravity 3 No effort against gravity 4 No movement	Right Leg				
		Left Leg				
Limb Ataxia	0 Absent or comatose 1 Present in 1 limb 2 Present in more than 1 limb					
Sensory	0 Normal 1 Partial loss 2 Complete loss or comatose					
Best Language	0 No dysphasia 1 Mild – moderate dysphasia 2 Severe dysphasia 3 Mute or comatose					
Dysarthria	0 Normal articulation 1 Mild – moderate dysarthria 2 Unintelligible or comatose					
Neglect	0 None or in coma 1 Partial neglect 2 Complete neglect					
Total NIHSS Score						

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ED SJH **Acute Stroke Assessment** **Pre-Procedure Checklist (Thrombectomy)**	Addressograph, or Name: DOB: Hospital no/CHI:

To be completed by Stroke/ED Nurse

Patient details correct? YES ☐ NO ☐ **Consent:** Signed ☐ Verbal ☐ N/A ☐ Incapacity YES ☐ N/A ☐ - If YES, completed? ☐ **Fasted since: or Last oral intake:** Time:	Patient Weight (kg) _____ Patient Height (M)
Does Patient have a **Known Allergy?** YES ☐ NO ☐	**Allergies checked?** ☐
Teeth Own ☐ or, dentures removed ☐ **Prosthesis:** YES ☐ NO ☐ **Facial hair/large neck?** _____	**Airway management discussed?** YES ☐ NO ☐ **Previous anaesthetic problem** YES ☐ NO ☐
Jewellery taped ☐ removed ☐ none ☐	**Clerking notes completed?** YES ☐ NO ☐
Will current medication have an influence on the procedure?	YES ☐ NO ☐ N/A ☐
Blood results available?	YES ☐ NO ☐
Group and Save available?	YES ☐ NO ☐
Recent ECG available?	YES ☐ NO ☐
Negative pregnancy test documented?	YES ☐ NO ☐ N/A ☐
Patient given dose of Anti-platelets	YES ☐ NO ☐ N/A ☐
Patient temperature (ºC)	
Patient Blood Glucose if diabetic (BG in Millomoles)	Or N/A ☐
Comments	

SIGNATURE: **PRINT Name:**	**Date:** **___/___/___**

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