Emergency Department Hyper-Acute Stroke Assessment RIE

Name:	
DoB:	CHI:
Address:	

Target Door to Needle for Thrombolysis is <30mins, <60 mins to Thrombectomy

Date __/__/__	Pre-alerted? Yes ☐ No ☐	Radiology Pre-alerted? Yes ☐ No ☐ (OOH only contact Radiology registrar)

Last Awake and symptom free: Date __/__/__ Time:			ED arrival:	Date __/__/__ Time:
Difference: _____Hours			Within 4.5 hours Yes ☐ No ☐	
Blood glucose:	**BP:**	**NIHSS:**	**O_2 SATS:**	**GCS:**

Is patient suitable for mechanical thrombectomy in addition to Thrombolysis (disabling stroke, onset <6 hours or wake up or delayed presentation, 6am-6pm 7/7) Yes ☐ No ☐ If yes, order Thrombectomy bundle (CT/CTA/CTP); If no, then consider Thrombolysis only.

CT Ordered: _____(time)	CT Performed: _____(time)
Stroke Consultant Contacted YES ☐ NO ☐	Time:

Bloods:	Plts:	APPT:	INR:

Urgent blood results - Bleep 6550 for urgent processing

CT result: Normal ☐ ICH ☐ Other ☐_____ **If ICH - follow ACT guideline using \ich**

Factors to Consider – discuss with Stroke Team

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

Systolic >185	Y ☐ N ☐
Diastolic >110	Y ☐ N ☐
Blood glucose < 2.8 or >22	Y ☐ N ☐
Plts <100 x 10^9L	Y ☐ N ☐
INR >1.7	Y ☐ N ☐
Anticoagulants?	Y ☐ N ☐
LMWH within last 48 hours **and** APTT raised	Y ☐ N ☐

For thrombolysis? Yes ☐ No ☐

Reason_____

Verbal Consent obtained from: patient ☐ relative ☐

If patient for thrombectomy: (see Back Page)

Approved: Jul 2025
Review: Jul 2028

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

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

Reconstituted with 5ml 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

For patients who are not thrombolysed:	
CT ordered: ☐ Time _____	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, consider rescreen/SLT review/IV fluids, as per clinical need.
ECG:
Destination: ☐ Stroke Unit ☐ HASU ☐ AMU ☐ HDU ☐ ITU ☐ Other _____ If not Stroke Unit; reason: _____
Other relevant information/variance from standard protocol

Signature:	Date: ___/___/___

NHS Lothian

Name:	
DoB:	CHI:
Address:	

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				

NHS Lothian

ED RIE Hyper-Acute Stroke Assessment **For thrombectomy patients only**	Name: DoB: CHI: Address:

To Be Completed by Stroke/ED Nurse

Consent: Signed form ☐ Verbal (patient ☐ Family ☐) N/A ☐ (in an emergency situation) Incapacity form (AWI) – required? Yes ☐ N/A ☐ - If Yes, form completed? ☐ **Fasted since or Last oral intake:** Time:	Patient Weight (kg) _____ Patient Height (m) _____
Does Patient have a **Known Allergy** Y ☐ N ☐	**Allergies checked?** ☐
Teeth Own ☐ or dentures ☐ removed? ☐ **Prosthesis:** Y ☐ N ☐ **Facial hair** Y ☐ **Large neck** Y ☐	**Airways management discussed** Y ☐ N ☐ **Previous anaesthetic problem** Y ☐ N ☐
Jewellery taped ☐ removed ☐ none ☐	**Clerking notes completed?** Y ☐ N ☐

Will Current medication have an influence on the procedure?	Y ☐ N ☐ N/A ☐	
Blood results available?	Y ☐ N ☐	
Patient Blood Glucose if diabetes mellitus (BG in mmols/L):	_____ Or N/A ☐	
Group and Save available?	Y ☐ N ☐	
ECG available?	Y ☐ N ☐	Results:
Patient temperature (ºC)		
Negative pregnancy test documented?	Y ☐ N ☐ N/A ☐	
Patient given dose of Anti-platelets	Y ☐ N ☐ N/A ☐	
Patient given thrombolysis	Y ☐ Time given: _____ N ☐ N/A ☐	

Comments:

Signature:	Print name:

Relatives are: On Route ☐ ED ☐ Stroke Unit HASU ☐

(NOK to stay in ED until patient handed over to Angio team/Stroke nurse will collect and take to HASU)

Relative's contact number _____