

Hyperacute/Acute Stroke Proforma- to be filed in patients clinical notes



Patient name:
CHI No:
Time of arrival:
Date & time of triage (should be immediate):
Time of onset of symptoms/signs:

Brief History :

Do they have ?

Motor loss R L

Sensory loss R L

Aphasia/ Dysphasia / Dysarthria

Hemianopia R L

Neglect R L

Cerebellar Signs ?

NIHSS Score BP / Weight

Do Not treat BP acutely unless hypertensive crisis ie systolic persistently above 220/110 mmHg. Aim for 130-150/ 80. GTN infusion allows titratable controlled reduction.

Other significant examination findings:

Any contraindications to thrombolysis ? YES NO

Verbal consent for thrombolysis from patient/ assent from relative

Contact Lothian Hub : YES NO Outcome : Thrombolysis YES NO See over

Post thrombolysis Management

Observations– NEWS & GCS

- ✓ Every 15 minutes for 2 hours
- ✓ Every 30 minutes for 4 hours
- ✓ Hourly for 6 hours
- ✓ 4 hourly for further 12 hours

Swallow assessment (To be undertaken within 4 hrs of admission)

Time : PASS / FAIL (please circle) IV fluids if unable to swallow

Inform Capacity manager for CCU bed

Handover to Medical On Call Time : to

IV Alteplase Prescription	Signed	Prepared by	Given by	Time commenced
Alteplase bolus dose mg				
Alteplase infusion mg				

NIHSS			SCORE
1a. Level of Consciousness	0 1 2 3	Alert Not alert, but arousable with minimal stimulation Not alert, requires repeated stimulation to attend Coma	
1b. LOC questions: <i>Patient is asked to state the month & his/her age</i>	0 1 2	Answers both correctly Answers one correctly Both incorrect	
1c. LOC commands: <i>Patient is asked to open & close eyes, grip & release normal hand</i>	0 1 2	Obeys both correctly Obeys one correctly Both incorrect	
2. Best gaze (<i>only horizontal eye movement</i>)	0 1 2	Normal Partial gaze palsy Total gaze paresis or forced deviation	
3. Visual Field Testing	0 1 2 3	No visual field loss Partial hemianopia Complete hemianopia Bilateral hemianopia (blind including cortical blindness)	
4. Facial Paresis (<i>ask patient to show teeth/raise eyebrows & close eye tightly</i>)	0 1 2 3	Normal symmetrical movement Minor paralysis (flattened nasolabial fold, asymmetry on smiling) Partial paralysis (total or near total paralysis lower face) Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)	
5. Motor Function Arm	0 1 2 3 4	Normal (<i>extends arms 90° (or 45°) for 10 seconds with drift</i>) Drift Some effort against gravity No effort against gravity No movement Untestable (joint fused or limb amputated) (do not add score)	Right Left
6. Motor Function Leg	0 1 2 3 4	Normal (<i>extends arms 90° (or 45°) for 10 seconds with drift</i>) Drift Some effort against gravity No effort against gravity No movement Untestable (joint fused or limb amputated) (do not add score)	Right Left
7. Limb ataxia	0 1 2	No ataxia Present in one limb Present in two limbs	
8. Sensory (<i>use pinprick to test arms, legs, trunk and face – compare side to side</i>)	0 1 2	Normal Mild to moderate decrease in sensation Severe to total sensory loss	
9. Best language (<i>ask patient to describe picture, name items, read sentences</i>)	0 1 2 3	<i>No aphasia</i> Mild to moderate aphasia Severe aphasia Mute	
10. Dysarthria (<i>ask patient to read several words</i>)	0 1 2	<i>Normal articulation</i> Mild to moderate slurring of words Near unintelligible or unable to speak Intubated or other physical barriers (do not add score)	
11. Extinction and inattention (Formerly Neglect) (<i>use visual or sensory double stimulation</i>)	0 1 2	<i>Normal</i> Inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities Severe hemi-inattention or hemi-inattention to more than one modality	

RT-PA (Alteplase or Actilyse) DOSING SCHEDULE

Weight (Kg)	Weight (st)	Total Dose (mg)	Bolus dose 10% of total dose (ml)	IV Infusion 90% of total dose (ml/hr)
40	6st 4	36	4	32
42	6st 8	38	4	34
44	6st 13	40	4	36
46	7st 3	41	4	37
48	7st 7	43	4	39
50	7st 12	45	5	40
52	8st 2	47	5	42
54	8st 7	49	5	44
56	8st 11	50	5	45
58	9st 1	52	5	47
60	9st 6	54	5	49
62	9st 10	56	6	50
64	10st 1	58	6	52
66	10st 5	59	6	53
68	10st 9	61	6	55
70	11st	63	6	57
72	11st 4	65	6	59
74	11st 9	67	7	60
76	11st 13	68	7	61
78	12st 3	70	7	63
80	12st 8	72	7	65
82	12st 12	74	7	67
84	13st 3	76	8	68
86	13st 7	77	8	69
88	13st12	79	8	71
90	14st 2	81	8	73
92	14st 6	83	8	75
94	14st 11	85	8	77
96	15st 1	86	9	77
98	15st 6	88	9	79
100	15st 10	90	9	81

Consent Guidance :

Verbal consent should be gained. If this is not possible treatment can still be given if it is judged to be in the best interests of the patient.

A consent conversation should include:-

- Your symptoms are thought to be due to a stroke caused by a blocked artery. With or without treatment there may be some recovery or things could get worse.
- Thrombolysis is a treatment which has been shown to reduce damage to the brain. This treatment, if given in the early stages of a stroke, can dissolve blood clots and help restore blood flow.
- Thrombolysis carries the risk of bleeding and can worsen a stroke. This has been shown to happen in 7 out of 100 cases treated and is fatal in 3 of these.
- Despite this risk, overall treatment is more likely to help than cause harm.

