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 the	ey have ?			
Sherristory i		Motor	loss R L			
		Sensor	ry loss R L L			
		Aphas	ia/ Dysphasia / Dysarthria			
		Hemia	nopia R L L			
		Negled	ct R L			
NIHSS Score BP	/ Weight	Cerebe	ellar Signs ?			
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		7				
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:						
IV Alteplace Prescription Signed	Prepared by	Given by	Time commenced			
Alteplase bolus dose mg Alteplase infusion mg						

mg

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

Post treatment

Immediate Hyperacute / Acute Stroke treatment	Please initial when complete		
Observations— NEWS & GCS if thrombolysed. If not thrombolysed NEWS as per patient status ✓ Every 15 minutes for 2 hours ✓ Every 30 minutes for 4 hours ✓ Hourly for 6 hours ✓ 4 hourly for further 12 hours			
Swallow assessment- within 4 hours of admission. PASS / FAIL Time of assessment: If GCS<9 unable to swallow YES / NO			
If no swallow, commence IVI as per D&G policy			
If not thrombolysed and ischaemic stroke give Aspirin 300mg oral/PR stat and daily for further 2 weeks.			
If contraindication give Clopidogrel 300mgs stat , 75mgs once daily. Document reason.			
Diabetic – consider variable rate insulin infusion as per hospital guidelines			
Start statin & prescribe regular medication			
DVT prophylaxis : Intermittent Pneumatic Compression (IPC)			
NO dalteparin within the first 24 hours post thrombolysis treatment			
Telemetry for 24 -48Hrs if suspicion of AF as a possible risk factor			
Day 2			
If thrombolysed request repeat CT Scan			
Repeat NIHSS and record in clinical notes			
If no haemorrhage on repeat CT, give Aspirin, 300mgs STAT at 24 hours post treatment (Oral or PR)			
DVT prophylaxis: Intermittent Pneumatic Compression (IPC), if contraindicated then give Dalteparin post 24 hours and if CT shows no haemorrhage			
Request cardiac monitoring – telemetry for 48 hrs , if fit for discharge then 48hr monitoring as out patient			
Repeat bloods			
Hyperlipidaemia ; give Simvastatin 40mgs unless contraindicated			
Chest x-ray if not done on admission			
Request Carotid ultrasound if carotid territory event and considered eligible for surgery			
Request Echocardiogram if mural thrombus, mitral stenosis, SBE, myxoma suspected, also for undiagnosed murmur			
Swallow – may need reassessment, If still NBM consider nasogastric feeding			
Referral to Physiotherapist, Occupational Therapist, Speech and Language Therapist, Stroke Liaison Nurse as appropriate			