

(FILL OUT OR AFFIX PATIENT STICKER HERE)

DATE: ____/____/____
 TRANSFER HOSPITAL: _____
 DESTINATION HOSPITAL: _____
 EMS AGENCY: _____ EMS RUN #: _____

PATIENT NAME: _____
 AGE: _____ DOB: ____/____/____ SEX: _____
 MEDICAL RECORD #: _____
 ACCOUNT #: _____

LKWT: ____/____/____
NOTE: A 4-point increase from baseline in Total Score should trigger further neurological assessment & notification of MD. **STOP** infusion immediately, and notify MD if the patient displays any of the following symptoms: headache, severe chest pain, profuse bleeding, flank pain, edema of mouth/lips/tongue, or seizures.
Angioedema: Look for signs of unilateral or bilateral tongue enlargement q-15min X 2hrs.

Baseline NIHSS Prior to admin: (weight in kg)	TPA Total Dose: _____ (mg)	TPA Waste: _____ (mg/mL)	Verifying RN #1: _____ (either TPA or TNKase)
	TPA Bolus: _____ (mg)	Bolus Administration Date/Time: ____/____/____ : ____	
	Infusion Administration: ____/____/____ Date ____:____ Time ____ Rate (ml/hr)		Verifying RN #2: _____ (either TPA or TNKase)
	TNKase: _____ (mg)	Administration Date/Time: ____/____/____ : ____	

	TIME	HEART RATE	HEART RHYTHM	BLOOD PRESSURE SBP <180 and DBP < 105	ABBREVIATED NIHSS*								ANY ADDITIONAL SYMPTOMS PRESENT (VISION, DIZZINESS, N/V, HEADACHE, ETC)	ANGIO- EDEMA Y / N	INITIALS
					MOTOR SCORE				L.O.C	DYSARTHRIA	LANGUAGE	TOTAL SCORE			
					RIGHT ARM	LEFT ARM	RIGHT LEG	LEFT LEG							
Pre TPA				/											
TPA Administration	15min			/											
	15min			/											
	15min			/											
	15min			/											
NS Flush	TPA Infusion Completed:Date/Time ____/____/____ : ____ TPA 50mL NS (Flush at same rate of TPA infusion) Date/Time Started: ____/____/____ : ____														
POST TPA Q-15min - 1HR	15min			/											
	15min			/											
	15min			/											
	15min			/											
Full NIH	____/____/____ Date ____:____ Time ____ Full Score														
Q-30min X 6 HOURS	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											
	30min			/											

<p>Motor Score</p> <p>0 No drift, arms hold 90 degrees (sitting) or 45 degrees (supine) for full 10 seconds; or leg holds 30 degrees for full 5 seconds.</p> <p>1 Drift, arm holds 90 degrees (sitting) or 45 degrees (supine), but drifts down before full 10 seconds; or leg holds 30 degrees but drifts down before 5 seconds, but does not hit bed or other support.</p> <p>2 Some effort against gravity; arm cannot get to or maintain (if cued) 90 degrees (sitting) or 45 degrees (supine); or leg cannot get to or maintain 30 degrees, drifts down to bed, but has some effort against gravity.</p> <p>3 No effort against gravity, limb falls.</p> <p>4 No movement.</p> <p>5 Amputation; joint fusion</p>	<p>LEVEL OF CONSCIOUSNESS</p> <p>0 Alert</p> <p>1 Not alert, arouses with minor stimulation</p> <p>2 Not alert, arouses with strong, repeated stimulation</p> <p>3 Responds with reflexes or is unresponsive</p>	<p>DYSARTHRIA</p> <p>0 Normal</p> <p>1 Mild to moderate; slurs but can be understood</p> <p>2 Severe; so slurred it is unintelligible</p> <p>3 Intubated or other physical barrier</p>	<p>BEST LANGUAGE</p> <p>0 No aphasia</p> <p>1 Mild to moderate; some loss but makes conversation with materials</p> <p>2 Severe aphasia; information exchanged is limited</p> <p>3 Mute; no usable speech or auditory comprehension</p>
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<h1>BAR CODE</h1>	Initials	Employee ID#	Signature	Initials	Employee ID#	Signature

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					MOTOR SCORE				L.O.C	DYSARTHRIA	LANGUAGE	TOTAL SCORE				
					RIGHT ARM	LEFT ARM	RIGHT LEG	LEFT LEG								
Q 1-HOUR X 16 HOURS	1 hour			/												
	1 hour			/												
	1 hour			/												
	1 hour			/												
	1 hour			/												
	1 hour			/												
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Comments:

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