Regional Stroke Program Thrombolytic Monitoring Tool



Tod	ay' date _.		e & TimePresenting symptom																
Weightkg Type of Thrombolytic give								enTotal dose of thrombolytic given:											
Time Bolus dose given:Time Infus							ion started: Time infusion complete:												
□ Pre-med flush with 0.9% NS □ Order read back and verified □ Thrombolytic dosage verified and witnessed □ Post- med flush with 0.9% NS Waste Verified RN 1Verified RN 2																			
 Post thrombolysis, neurological assessment, vital signs and angioedema to be completed Q 15min x2hrs, then Q 30min x 6hrs, then Q 1hr x16hrs (total of 24hrs). Document a full NIHSS pre-med, post-med, then 24 hours post med, every shift, or with any change in neurological status. Increase frequency of vital signs and physician notified if immediately if systolic BP stays>180mmHg or diastolic >105mmHg, Pulse <50 or >110/min, Respirations >24/min, Temp>99.6F, new stroke symptoms, worsening of stroke symptoms or decline in neurological status (worsening of speech, vision, weakness, headache, vomiting, nausea, level of consciousness, signs of bleeding). Stop infusion and prepare for a stat CT scan. Thrombolytic education was provided to the patient and/or family with risk and benefits prior to administrationRN Initials 																			
Pre-Thrombolytic Vitals and Neurological Assessment *See keys Angioedema and Bleeding response yes=y or no=n														no=n					
	Time	B/P	HR	RR	O2sat	Temp	NIHSS	GCS	Gaze	Vision	-	Streng LUE		LLE	Sensory	Aphasia	Angio- edema	Bleed -ing	RN Initials
	Vital Signs							Neurological Assessment *See keys						Angioe	dema and	l Bleeding	1 .	1	or no = n
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OU.	ТСОМЕ							NIIII	10	NIHSS	- 1 -	NIHSS	,	-, l	Brain im	naging s	hould b	е				
Any signs or symptoms of bleeding? Y / N					NIHSS NIHSS Before 2hr pos				24hr post				ted 24 h	-								
Treatment for blood pressure administered? Y /						N		bolytic	infusion		admiss			thromb			nd pri	or to				
															starting antithro	-						
Cor	mments														antitini	אווסטווכ	therap	у.				
Free	e text for p	ersonaliz	zation																			
NT.	Bedside r	. 1	1 66 1	1 2		.c . N	IIIGG	1 1' 1	*1*.*	4 1 1	1	1	.1		NIII		,	1	1 4			
						nying N	inss an	a aisab	mues pre	esent and c	ocum	ent bo	ın agre	ee. 2 n	urse Nih	SS verm	ication to	o be co	mpietec			
with change of level of care and change of shift. Printed Name Initials							s Date Time				Prin	ted N	lame)		Initials	Da	ite	Time			
															+							
																Compa						
						CS is scored between 3 (worst) & 15 (bes					Strengt 0=No d				Sensory 0=No sensory loss							
0=Normal 1=Partial Gaze (one or both eyes) Best Eye Response (4) 1=No eye opening.						Best Motor Response (6) 1=No motor response.					1=Drift	-does r			1=Mild-moderate loss 2=Severe-total							
2=Forced deviation or total gaze 2=Eye opening to p					o pain.	2=Extension to pain.					2=Effoi 3=No e				loss							
Vision 3=Eye opening to con 4=Eyes open spontan											4=No n	novem	ent	S	Aphasia							
0=No visual loss					5	=Locali	zing pain.			UN=Ur	itestabl	e		0=No aphasia, normal								
1=Partial Best Verbal Res 1= Partial hemianopia 1=No verbal res				sponse (5)	6	=Obeys	command	ls.						1=Mild, loss fluency 2=Severe, not understandable								
2=complete blind 2=Incomprehen				nprehens	ible sound	s.									3=Mute, global aphasia							
5=bila	uerai hemian	opia (blindi	ness)	3=Inapp 4=Conf	propriate used.	words.																
5=Oriented.																						