

Name:  
Date of Birth:  
GWH Number:

## ED Stroke Proforma

Date:	Time:	Doctor:	Grade:	Bleep:
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ROSIER	Yes	No
LOC or syncope at onset?	-1 <input type="checkbox"/>	0 <input type="checkbox"/>
Seizure at onset?	-1 <input type="checkbox"/>	0 <input type="checkbox"/>
New asymmetric facial weakness?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
New asymmetric arm weakness?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
New asymmetric leg weakness?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
New speech disturbance?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
New visual field defect?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Score 0 or less = unlikely stroke	Score:	
Score 1 or more = likely stroke		

Is the patient suitable for thrombolysis?

- ☐ Yes Please complete Stroke Thrombolysis Proforma  
☐ No Please tick all that apply below

Reason patient was not suitable for stroke thrombolysis (tick all that apply):

- ☐ Onset of stroke symptoms unknown/when patient awoke  
☐ Onset of stroke symptoms outside of thrombolysis time window  
☐ Stroke symptoms rapidly improving  
☐ Contraindicated medication, *please specify* :  
☐ Comorbidity, *please specify* :  
☐ Other, *please specify* :

If likely stroke please refer to Stroke Team on  
BLEEP 1282

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

The Stroke Bleep is held in working hours by a Stroke Specialist Nurse, and out of hours is held by the Stroke Coordinator on Falcon Acute Stroke Unit. The Stroke Bleep is **always** held by a member of the Stroke Team.

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**History & Examination:**

Symptom Date: \_\_\_\_\_ ☐ Precise ☐ Best Estimate  
Onset Time: \_\_\_\_\_ ☐ Precise ☐ Best Estimate ☐ On Waking ☐ Unknown

If the onset of stroke symptoms is unknown, please state the date and time the patient was last seen well and tick 'best estimate'. If the patient awoke with stroke symptoms, please state the date and time the patient was last seen well and tick

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**Provisional & Differential Diagnosis:**

If the diagnosis is suspected stroke, please complete NIHSS score on next page.

**Investigations: Requested: Results if available:**

BM	<input type="checkbox"/>	
Stroke Bloods	<input type="checkbox"/>	
12 Lead ECG	<input type="checkbox"/>	
Chest X-Ray	<input type="checkbox"/>	
CT Head	<input type="checkbox"/>	

**Management Plan:**

- ☐ **Refer to Stroke Team on 1282**
  - ☐ If bed available admit directly to the Acute Stroke Unit
  - ☐ If bed not available admit to the Acute Medical Unit to wait for a bed on ASU
- ☐ **Add patient details to electronic LAMU list**
- ☐ **NBM until swallow screen - prior to oral medications, oral fluids or food**
  - ☐ Request nurse trained in swallow screens to complete screen
- ☐ **Drug chart for analgesia, temperature control and any urgent medication**
- ☐ **Prescribe aspirin, if not contraindicated**
- ☐ **IV fluids (normal saline)**
- ☐ **Arrange CT head as soon as possible - available until 22:00, otherwise arrange for the morning**

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# National Institute of Health Stroke Scale (NIHSS)

		Date:		Time:	
Item	Title	Score			Arrival
1A	Level of Consciousness	0 Alert 1 Drowsy 2 Obtunded 3 Coma/unresponsive			
1B	LOC Questions	0 Answers both correctly 1 Answers one correctly 2 Answers neither correctly			
1C	LOC Commands	0 Performs both tasks correctly 1 Performs one task correctly 2 Performs neither task correctly			
2	Best Gaze	0 Normal horizontal movements 1 Partial gaze palsy 2 Complete gaze palsy			
3	Visual	0 No visual field defect 1 Partial hemianopia 2 Complete hemianopia 3 Bilateral hemianopia			
4	Facial Palsy	0 Normal 1 Minor facial weakness 2 Partial facial weakness 3 Complete unilateral palsy			
5	Motor Arm a. Left b. Right	0 No drift 1 Drift before 5 seconds 2 Falls before 10 seconds 3 No effort against gravity 4 No movement			Left    Right
6	Motor Leg a. Left b. Right	0 No drift 1 Drift before 5 seconds 2 Falls before 10 seconds 3 No effort against gravity 4 No movement			Left    Right
7	Limb Ataxia	0 No ataxia 1 Ataxia in 1 limb 2 Ataxia in 2 limbs			
8	Sensory	0 No sensory loss 1 Mild sensory loss 2 Severe sensory loss			
9	Best Language	0 Normal 1 Mild aphasia 2 Severe aphasia 3 Mute or global aphasia			
10	Dysarthria	0 Normal 1 Mild dysarthria 2 Severe dysarthria			
11	Extinction & Inattention	0 Absent 1 Mild (loss of 1 sensory modality) 2 Severe (loss of 2 sensory modalities)			
<b>Total NIHSS Score:</b>					
<b>Practitioner's Initials:</b>					