

Provider 1: Signature / Title

Provider 2: Signature / Title

Provider 1: Signature / Title

Provider 2: Signature / Title

Level of Consciousness

0 = Fully alert, immediately

stimuli, is able to

responsive to verbal

### The Mount Sinai Hospital

One Gustave L. Levy Place New York, New York 10029

#### PATIENT DATA CARD

**Designated Cardinal Sign** 

The following cardinal sign, or abnormal aspect of the

NIH stroke scale, has been

## tPA (ACTIVASE®) ADMINISTRATION NURSING NEUROLOGICAL ASSESSMENT FLOWSHEET—PAGE 1

cooperate completely  1 = Drowsy, consciousness is slightly impaired, arouses when stimulated verbally or after shaking, responds appropriately  2 = Stuporous, aroused with difficulty, often painful stimuli must be applied, arousal usually incomplete, responds inadequately, reverts to original state when not stimulated  3 = Comatose, unresponsive to all stimuli or responds with reflex motor or autonomic effects			If consciousness or comprehension is abnormal, <u>cue</u> patient by actively lifting arms into position as the request for effort is verbally given. <b>0 = No drift</b> (Limb holds at 90° if sitting, at 45° if lying down for full 10 seconds) <b>1 = Drift</b> (Limb holds position, but drifts before 10 seconds, does <u>not</u> touch the bed) <b>2 = Some effort against gravity</b> (Limb falls to the bed before 10 seconds) <b>3 = No effort against gravity</b> (Limb falls, no effort against gravity, some voluntary movement observed) <b>4 = No movement U = Untestable</b> due to amputation							abnormal, <u>cue</u> patient by actively lifting leg into position as the request for effort is verbally given. <b>0 = No drift</b> (Leg holds at 30° for 5 seconds) <b>1 = Drift</b> (Leg falls to intermediate position by end of 5 seconds, does not touch the bed) <b>2 = Some effort against gravity</b> (Leg falls to the bed by 5 seconds but has some effort against gravity) <b>3 = No effort against gravity</b> (Leg falls to bed immediately, with no resistance to gravity, some voluntary movement observed) <b>4 = No movement U = Untestable</b> due to amputation							Document your assessment of the cardinal sign designated above as follows:  I = Improvement since last assessment D = Decline since last assessment N = No change since last assessment				
				45		1	1	1		2		3		4	_	5		6	7	7 hr	
	Bolus	15 min	30 min	45 min	1 hr	hr 15 min	hr 30 min	hr 45 min	2 hr	hr 30 min	3 hr	hr 30 min	4 hr	hr 30 min	5 hr	hr 30 min	6 hr	hr 30 min	7 hr	30 min	
Date																					
Time																					
Systolic BP																					
Diastolic BP																					
Heart Rate																					
O2 Saturation																					
Respiratory Rate																					
Temperature																					
Level of Consciousness																					
Motor: Right Arm																					
Motor:				1												1					
Left Arm																					
Motor: Right Leg																					
Motor: Left Leg																					
Designated Card	inal Sign	(Obta	in from	Stroke	Phys	ician)															
RN Initials																					
Signature / Title	Initials		-								Dri	nt Nam	Α.	_	•			_			
Signature / Title	Initials										_	nt Nam									
Signature / Title	Initials										_	Print Name:									

Documentation of two provider independent verification of tPA (Activase®) bolus dose, infusion dose and discard volume:

Documentation of two provider independent verification of intravenous pump settings for tPA (Activase®) infusion:

Motor: Arm (Right & Left)

outstretched at 90° if sitting or 45° if lying

down. Request full effort for 10 seconds.

The patient is examined with arms

Print Name:

Print Name:

Print Name:

Print Name:

Motor: Leg (Right & Left)

While supine, the patient is asked to

maintain the leg at 30° for 5 seconds.

If consciousness or comprehension is



### **The Mount Sinai Hospital**

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PATIENT DATA CARD

# tPA (ACTIVASE®) ADMINISTRATION NURSING NEUROLOGICAL ASSESSMENT FLOWSHEET—PAGE 2

Level of Consc	iousne	ss	M	lotor: A	Arm (Ri	ght & L	.eft)		Motor: Leg (Right & Left)						Designated Cardinal Sign				
0 = Fully alert, immore responsive to stimuli, is able cooperate com	ely	The patient is examined with arms outstretched at 90° if sitting or 45° if lying down. Request full effort for 10 seconds. If consciousness or comprehension is abnormal, cue						While supine, the patient is asked to maintain the leg at 30° for <u>5</u> seconds. If consciousness or comprehension is abnormal, cue						The following cardinal sign, or abnormal aspect of the NIH stroke scale, has been selected by the stroke					
1 = Drowsy, consortal slightly impairs when stimulate or after shaking appropriately     2 = Stuporous, and difficulty, often stimuli must be	ises ally onds vith	patient positio verball <b>0 = No</b> sitt 10	t by act n as th ly giver o drift ( ting, at secon	tively lift e requent on. Limb ho 45° if ly ds)	ing arm est for e olds at 9 ing dov	ns into ffort is 90° if vn for fu	pos ver <b>0</b> =	patient by actively lifting leg into position as the request for effort is verbally given. <b>0 = No drift</b> (Leg holds at 30° for 5 seconds) <b>1 = Drift</b> (Leg falls to intermediate position by end of 5 seconds, does not touch the bed)						physician for tracking for worsening or improvement (copy from Page 1):					
arousal usually incomplete, reinadequately, roriginal state w stimulated  3 = Comatose, un to all stimuli or with reflex mot autonomic effe	to ot sive	1 = Drift (Limb holds position, but drifts before 10 seconds, does not touch the bed)  2 = Some effort against gravity (Limb falls to the bed before 10 seconds)  3 = No effort against gravity (Limb falls, no effort against gravity, some voluntary movement observed)  4 = No movement  U = Untestable due to amputation						2 = Some effort against gravity (Leg falls to the bed by 5 seconds but has some effort against gravity) 3 = No effort against gravity (Leg falls to bed immediately, with no resistance to gravity, some voluntary movement observed) 4 = No movement U = Untestable due to amputation						Document your assessment of the cardinal sign designated above as follows: I = Improvement since last assessment D = Decline since last assessment N = No change since last assessment					
			10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
	8 hr	9 hr	hr	hr	hr	hr	hr	hr	hr	hr	hr	hr	hr	hr	hr	hr	hr		
Date												<u> </u>		┷		<u> </u>			
Time													<u> </u>			<u> </u>			
Systolic BP																			
Diastolic BP																			
Heart Rate																			
Oxygen Saturation																			
Respiratory Rate																			
Temperature																			
Level of Consciousness																			
Motor: Right Arm																			
Motor: Left Arm																			
Motor: Right Leg																			

Print Name: Print Name:

Print Name:

Print Name:

Designated Cardinal Sign (Copy from Page 1)

Motor:

RN Initials

Signature / Title | Initials

Signature / Title | Initials
Signature / Title | Initials

Signature / Title | Initials