



**The Mount Sinai Hospital**  
One Gustave L. Levy Place  
New York, New York 10029

PATIENT DATA CARD

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

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

Provider 1: Signature / Title		Print Name:	
Provider 2: Signature / Title		Print Name:	

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

Provider 1: Signature / Title		Print Name:	
Provider 2: Signature / Title		Print Name:	

Level of Consciousness	Motor: Arm (Right & Left)	Motor: Leg (Right & Left)	Designated Cardinal Sign
<b>0 = Fully alert</b> , immediately responsive to verbal stimuli, is able to cooperate completely <b>1 = Drowsy</b> , consciousness is slightly impaired, arouses when stimulated verbally or after shaking, responds appropriately <b>2 = Stuporous</b> , aroused with difficulty, often painful stimuli must be applied, arousal usually incomplete, responds inadequately, reverts to original state when not stimulated <b>3 = Comatose</b> , unresponsive to all stimuli or responds with reflex motor or autonomic effects	The patient is examined with arms outstretched at 90° if sitting or 45° if lying down. Request full effort for <u>10 seconds</u> . 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</b> <b>U = Untestable</b> due to amputation	While supine, the patient is asked to maintain the leg at 30° for <u>5 seconds</u> . If consciousness or comprehension is 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 <u>not</u> 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</b> <b>U = Untestable</b> due to amputation	The following cardinal sign, or abnormal aspect of the NIH stroke scale, has been selected by the stroke physician for tracking for worsening or improvement:  <hr/> <hr/> Document your assessment of the cardinal sign designated above as follows: <b>I = Improvement</b> since last assessment <b>D = Decline</b> since last assessment <b>N = No change</b> since last assessment

	Bolus	15 min	30 min	45 min	1 hr	1 hr 15 min	1 hr 30 min	1 hr 45 min	2 hr	2 hr 30 min	3 hr	3 hr 30 min	4 hr	4 hr 30 min	5 hr	5 hr 30 min	6 hr	6 hr 30 min	7 hr	7 hr 30 min
Date																				
Time																				
Systolic BP																				
Diastolic BP																				
Heart Rate																				
O2 Saturation																				
Respiratory Rate																				
Temperature																				
Level of Consciousness																				
Motor: Right Arm																				
Motor: Left Arm																				
Motor: Right Leg																				
Motor: Left Leg																				
Designated Cardinal Sign (Obtain from Stroke Physician)																				
RN Initials																				

Signature / Title	Initials		Print Name:
Signature / Title	Initials		Print Name:
Signature / Title	Initials		Print Name:



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

Level of Consciousness	Motor: Arm (Right & Left)	Motor: Leg (Right & Left)	Designated Cardinal Sign
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	8 hr	9 hr	10 hr	11 hr	12 hr	13 hr	14 hr	15 hr	16 hr	17 hr	18 hr	19 hr	20 hr	21 hr	22 hr	23 hr	24 hr
Date																	
Time																	
Systolic BP																	
Diastolic BP																	
Heart Rate																	
Oxygen Saturation																	
Respiratory Rate																	
Temperature																	
Level of Consciousness																	
Motor: Right Arm																	
Motor: Left Arm																	
Motor: Right Leg																	
Motor: Left Leg																	
Designated Cardinal Sign (Copy from Page 1)																	
RN Initials																	

Signature / Title	Initials		Print Name:
Signature / Title	Initials		Print Name:
Signature / Title	Initials		Print Name:
Signature / Title	Initials		Print Name: