

STROKE PHYSICIAN

CLINICAL DECISION FORM



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EXCLUSION CRITERIA FOR INTRAVENOUS rt-PA

NIHSS STROKE ASSESSMENT FORM

STROKE PHYSICIAN CLINICAL DECISION

PATIENT NAME:

Therapeutic decision

1. Diagnosis

Clinical Presentation:

CT Imaging Observations:

Hyperdense artery sign

☐

Yes

☐

No

Side

% of MCA Region damaged

☐

<1/3

☐

>1/3

ASPECTS Score

CTA

2. Bleed/No Bleed

Evidence of Bleeding on the CT scan

☐

Yes

☐

No

3. Severity

NIHSS Score

Glasgow Coma Scale

mRS pre-stroke



STROKE PHYSICIAN CLINICAL DECISION

4. Contraindications

Problems	Consideration	Contraindication?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Time since last seen normal		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood pressure		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Glucose		<input type="checkbox"/> Yes	<input type="checkbox"/> No
INR		<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Therapeutic Priorities

Hyperacute (0-1 h)	Acute (1-24 h)	Postacute (24-72 h)

Therapeutic decision

<input type="checkbox"/> rt-PA	<input type="checkbox"/> General supportive therapy	<input type="checkbox"/> Haemorrhagic stroke
<input type="checkbox"/> Thrombectomy	<input type="checkbox"/> TIA	<input type="checkbox"/> Mimic

Reason for therapeutic decision

EXCLUSION CRITERIA FOR INTRAVENOUS rt-PA

ALL points of the checklist must be answered with NO for the patient to be treated with intravenous rt-PA. If any of the following points are answered with YES; treatment with intravenous rt-PA is contraindicated.

Contraindications for rt-PA

Contraindications associated with a high risk of haemorrhage such as:	Yes	No
Known haemorrhagic diathesis	<input type="checkbox"/>	<input type="checkbox"/>
Patients receiving oral anticoagulants, e.g. warfarin sodium	<input type="checkbox"/>	<input type="checkbox"/>
Manifest or recent severe or dangerous bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Known history of or suspected intracranial haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
Suspected subarachnoid haemorrhage or condition after subarachnoid haemorrhage from aneurysm	<input type="checkbox"/>	<input type="checkbox"/>
Any history of central nervous system damage (i.e. neoplasm, aneurysm, intracranial or spinal surgery)	<input type="checkbox"/>	<input type="checkbox"/>
Recent (less than 10 days) traumatic external heart massage, obstetrical delivery, recent puncture of a non-compressible blood vessel (e.g. subclavian or jugular vein puncture)	<input type="checkbox"/>	<input type="checkbox"/>
Severe uncontrolled arterial hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial endocarditis, pericarditis	<input type="checkbox"/>	<input type="checkbox"/>
Acute pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>
Documented ulcerative gastrointestinal disease during the last 3 months, oesophageal varices, arterial aneurysm, arterial/venous malformations	<input type="checkbox"/>	<input type="checkbox"/>
Neoplasm with increased bleeding risk	<input type="checkbox"/>	<input type="checkbox"/>
Severe liver disease, including hepatic failure, cirrhosis, portal hypertension (oesophageal varices) and active hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Major surgery or significant trauma in past 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of intracranial haemorrhage (ICH) on the CT-scan	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms suggestive of subarachnoid haemorrhage, even if CT-scan is normal	<input type="checkbox"/>	<input type="checkbox"/>
Administration of heparin within the previous 48 hours and a thromboplastin time exceeding the upper limit of normal for laboratory	<input type="checkbox"/>	<input type="checkbox"/>
Prior stroke within the last 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Platelet count of below 100,000/mm ³	<input type="checkbox"/>	<input type="checkbox"/>
Systolic blood pressure >185 or diastolic BP >110 mmHg, or aggressive management (IV medication) necessary to reduce BP to these limits	<input type="checkbox"/>	<input type="checkbox"/>
Contraindication based on time:		
Symptoms of ischaemic attack beginning more than 4.5 hours prior to infusion start or when time of symptoms for which the onset time is unknown and could potentially be more than 4.5 hours ago	<input type="checkbox"/>	<input type="checkbox"/>
Contraindications based on stroke severity:		
Minor neurological deficit or symptoms rapidly improving before start of infusion	<input type="checkbox"/>	<input type="checkbox"/>
Severe stroke as assessed clinically (e.g. NIHSS >25) and/or by appropriate imaging techniques	<input type="checkbox"/>	<input type="checkbox"/>
Contraindication related to age:		
Children under 16 years	<input type="checkbox"/>	<input type="checkbox"/>
Additional contraindications:		
Seizure at onset of stroke	<input type="checkbox"/>	<input type="checkbox"/>
Any history of prior stroke and concomitant diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Blood glucose <50 or >400 mg/dl	<input type="checkbox"/>	<input type="checkbox"/>

RAPID STROKE ASSESSMENT

NIHSS Stroke Scale

Short version¹

Administer stroke scale items in the order listed. Record performance in each category after each subscale exam. Do not go back and change scores. Follow directions provided for each exam technique. Scores should reflect what the patient does, not what the clinician thinks the patient can do. The clinician should record answers while administering the exam and work quickly. Except where indicated, the patient should not be coached (i.e., repeated requests to patient to make a special effort).

		Score		
		Admission	72 hours	discharge
1a Consciousness	0 = Awake 1 = Drowsy 2 = Stuporous 3 = Comatose	<input type="text"/>	<input type="text"/>	<input type="text"/>
1b Orientation	0 = Month, age correct at first attempt 1 = One correct, or intubated, severe dysarthria or language barrier 2 = None correct or aphasic or comatose	<input type="text"/>	<input type="text"/>	<input type="text"/>
1c Following commands	0 = Obeys both correctly 1 = Obeys one 2 = Does not obey either command, or comatose	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Gaze	0 = Normal 1 = Partial peripheral paresis (N. III, IV, VI) or deviation that can be overcome 2 = Fixed deviation	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Visual field	0 = Normal 1 = Quadrant anopia or extinction 2 = Complete hemianopia 3 = Blindness	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Facial movement	0 = Normal 1 = Slight central paresis, flattened nasolabial fold 2 = Clear central paresis or paralysis 3 = Bilateral or peripheral paresis or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>
5a Holding up left arm	0 = Arm held up normally for 10 seconds 1 = Arm slowly drifts partway down 2 = Arm quickly drifts all the way down 3 = Arm falls down 4 = No movement or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>
5b Holding up right arm	0 = Arm held up normally for 10 seconds 1 = Arm slowly drifts partway down 2 = Arm quickly drifts all the way down 3 = Arm falls down 4 = No movement or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>



RAPID STROKE ASSESSMENT – NIHSS Stroke Scale (short version)

		Score		
		Admission	72 hours	discharge
6a Holding up left leg	0 = Leg held up normally for 5 seconds 1 = Leg slowly drifts partway down 2 = Leg quickly drifts all the way down 3 = Leg falls down 4 = No movement or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>
6b Holding up right leg	0 = Leg held up normally for 5 seconds 1 = Leg slowly drifts partway down 2 = Leg quickly drifts all the way down 3 = Leg falls down 4 = No movement or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Ataxia	0 = No ataxia, Pat. does not understand, paralysis or coma 1 = Ataxia in 1 limb 2 = Ataxia in 2 limbs	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Sensitivity	0 = Normal 1 = Mild sensory loss 2 = Total sensory loss or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Language	0 = Normal 1 = Difficulty finding words, mild aphasia 2 = Clear difficulties in conversation 3 = Global aphasia, Patient mute or comatose	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 Dysarthria	0 = No dysarthria 1 = Dysarthria, can be understood well 2 = Dysarthria, scarcely intelligible or Pat. does not answer, or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Extinction	0 = No abnormality 1 = Extinction of one sensory modality or other signs of neglect 2 = Extinction of more than one sensory modality or coma	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>	<input type="text"/>	<input type="text"/>

ED physician, name	Staff number	Signature	Date
			Time