

Stroke Documentation RN Report Check List

Not part of the permanent record

Intervention / Stroke	Requirement	Completion Date	Initials	Notes
tPA (only) COMPLETE ON NEUROLOGICAL/NEUROVASCULAR Flowsheet	Q 15 min vitals & neuro checks x 2 hours			
	Q 30 min vitals & neuro checks x 6 hours			
	Q 1-hour vitals & neuro checks x 16 hours then q 2 hours			
Endovascular (mechanical thrombectomy) COMPLETE ON NEUROLOGICAL/NEUROVASCULAR Flowsheet <i>Pulse & groin checks can be stopped after 6 hours if no complications</i>	Q 15 min vitals & neuro checks x 1 hour			
	Q 30 min vitals & neuro checks x 1 hour			
	Q 1-hour vitals & neuro checks x 22 hours then q 2 hours			
Standard Neuro Assessment for ALL strokes— ICH/SAH included (including with or without tPA or endovascular intervention) COMPLETE on ICU ASSESSMENT Flowsheet	Q 1-hour Vitals and neuro checks x 24 hours then q 2 hours If EVD or ICP monitoring device present, remain on q 1 hour neuro checks			
Ischemic Strokes ONLY	NIHSS on admit: NIHSS prior shift: NIHSS on transfer: NIHSS on discharge:	_____ _____ _____ _____		

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All Strokes	Low SpO2 alarm changed to 94%			
	O2 administered for oxygen saturation <94%			___L/min
	BDS (bedside dysphagia screening) <i>upon admit to unit</i> PERFORM & DOCUMENT BEFORE ANY PO GIVEN			Passed or Failed (circle one) Clinical bedside eval. Ordered ____
	Care plan individualized & documented			
	Patient education documented			
	Patient stroke booklet given and documented			
	VTE prophylaxis/SCDs* initiated (due by end of day 2)			*SCDs are only contraindicated if there is a KNOWN DVT. *If SCDs ordered, but no pump is available, you must document.
	PT/OT/ST evaluations			
All Strokes	If diagnosed with AFib , receiving anticoagulation therapy			

Additional Information & Considerations

- **Standard neuro checks:** check / assessment includes LOC, pupil assessment, motor function, sensation, pain, skin, and drainage (blood or spinal fluid from ears or nose)
- **BDS (bedside dysphagia screening):** If patient fails BDS ensure clinical bedside evaluation has been ordered. **Keep NPO** and ensure route of medication in MAR matches route of administration (ex. NGT/OGT/DHT)
- **8029.183 Model of Care – Adult Critical Care:**
 - If on cardiac drip, follow policy for vital sign checks and documentation requirements
 - Oral care-intubated/NPO q 2hours; non-intubated patient q 4 hours 8029.183 Model of Care – Adult Critical Care (or more frequently if your department requires it or if the patient requires it due to increased secretions, etc.)
- **NIHSS:** q shift, **q neuro change**, & discharge-**only performed on ischemic strokes**
- **Education** - personal risk factors, stroke education materials given, signs/symptoms of stroke, activation of EMS, follow-up after discharge, and importance of taking medications prescribed to control risk factors
- **Care Plans:**
 - Use **EPHS IP Thrombolytic Infusion for Acute Ischemic Stroke Care Plan** for patients that received tPA/alteplase
 - They are at risk for bleeding and orolingual angioedema (housed in the care plan)
 - Remember to “Resolve” the care plan 24 hours post **infusion**
 - Use **EPHS IP Essential Acute Stroke Care Plan** for all strokes.
- **Nimotop / Nimodopine:**
 - If patient is admitted with non-traumatic SAH, verify there is an order for Nimotop 60 mg q 4 hours (if contraindicated, verify reason has been documented)
 - Critical time sensitive medication and administration window is 30 minutes on either side of due time