

Stroke timeline:

Paged:
 Bedside:
 Exam:
 CT:
 IV tPA:

Stroke On Call, by Ahmed Koriesh



1a. Level of Consciousness(LOC)	Alert (or awakens easily and stays awake) 0 Drowsy (Responds to minor stim. but falls back asleep) 1 Obtunded (Responds only to deep pain or vigorous stim) 2 Comatose 3
1b. LOC- Questions Month? Age?	Both correct 0 - One answer correct 1 - Neither question answered correctly 2
1c. LOC- Commands Opens/closes eyes - Opens/closes hands	Both correct 0 - One correct 1 - Neither performed correctly 2
2. Eye Movements: Horizontal eye movements	Normal 0 - Mild gaze paralysis (can bring eyes only over to midline) 1 - Complete 2
3. Visual fields:	Normal 0 - Partial (quadrant) 1 - Complete hemianopia 2 - Bilateral hemianopia 3
4. Facial:	Normal 0 Minor paralysis (flattening of nasolabial folds) 1 Partial paralysis (near or total paralysis lower face) 2 Complete paralysis (Of upper and lower face) 3
5a. Motor – Left Arm Hold arm straight out from chest <i>Amputation or joint fusion (N/A)</i>	Normal (No drift at all) 0 Drift (Drifts downward but NOT to bed before 10 sec.) 1 Drifts to bed within 10 sec 2 Movement, but not against gravity 3 Complete paralysis (No movement at all) 4
5b. Motor – Right Arm Hold arm straight out from chest <i>Amputation or joint fusion (N/A)</i>	Normal (No drift at all) 0 Drift (Drifts downward but NOT to bed before 10 sec.) 1 Drifts to bed within 10 sec 2 Movement, but not against gravity 3 Complete paralysis (No movement at all) 4
6a. Motor – Left leg Keep leg off bed <i>Amputation or joint fusion (N/A)</i>	Normal (No drift at all) 0 Drift (Drifts downward but NOT to bed before 5 sec.) 1 Drifts to bed within 5 sec 2 Movement, but not against gravity 3 Complete paralysis (No movement at all) 4
6b. Motor – Right leg Keep leg off bed <i>Amputation or joint fusion (N/A)</i>	Normal (No drift at all) 0 Drift (Drifts downward but NOT to bed before 5 sec.) 1 Drifts to bed within 5 sec 2 Movement, but not against gravity 3 Complete paralysis (No movement at all) 4
7. Limb Ataxia: Finger-Nose - Heel-Knee	Absent (OR pt cannot move arm/leg) 0 - in one limb 1 - in two limbs 2
8. Sensory : (Test on face, arm & thigh)	Normal 0 - Mild to moderate loss 1 - Severe (unaware of being touched) 2
9. Language/Aphasia Repetition & Comprehension "Today is a bright sunny day"	Normal ability use words and follow commands 0 Mild to Moderate (Repeats / names with some difficulty) 1 Severe Aphasia (very few words correct or understood) 2 Mute (no ability to speak or understand at all) 3
10. Dysarthria (slurred)	Normal 0 Mild to moderate 1 Severe (none understandable) 2 <i>Intubated or other physical barrier (N/A)</i>
11. Neglect : Ignores touch or vision	Normal 0 - Mild (partial) 1 - Profound (Visual and tactile – complete) 2
Total Score	0 = Best, 42 = Worst

Last seen normal:

First time seen with stroke:

Past medical history: DM – HTN – Cardiac – Hepatic - Other:

Past surgical history: any recent surgery?

Medications: Antiplatelets? Anticoagulants? Other home meds:

Allergy to contrast? To drugs?

ICH Scale

GCS:	Volume:	IVH:	Infratentorial:	Age:
3-4: 2 points	≥30: 1 point	Yes: 1 point	Yes: 1 point	≥80: 1 point
5-12: 1 point	<30: 0 points	No: 0 points	No: 0 points	<80: 0 point
13-15: 0 points				
Mortality:	1 point: 13%	4 points: 97%	6 points: 100%	
0 points: 0%	2 points: 26%	3 points: 72%	5 points: 100%	

Hunt and Hess scale

	Survival
1 Asymptomatic, mild headache, slight nuchal rigidity	70%
2 Moderate to severe headache, nuchal rigidity, no neurologic deficit other than CN palsy	60%
3 Drowsiness / confusion, mild focal neurologic deficit	50%
4 Stupor, moderate-severe hemiparesis	20%
5 Coma, decerebrate posturing	10%

Fischer Grade score

Grade 1:	No blood
Grade 2:	Diffuse or thin layer of blood less than 1 mm thick
Grade 3:	Localized clots and/or layers of blood greater than 1 mm thick in the vertical plane
Grade 4:	Intracerebral or intraventricular clots with diffuse or absent blood in basal cisterns

tPA

Inclusion Criteria:

- Onset of symptoms <3 hours - ischemic stroke causing measurable neurological deficit - Aged ≥18 years

Exclusion Criteria

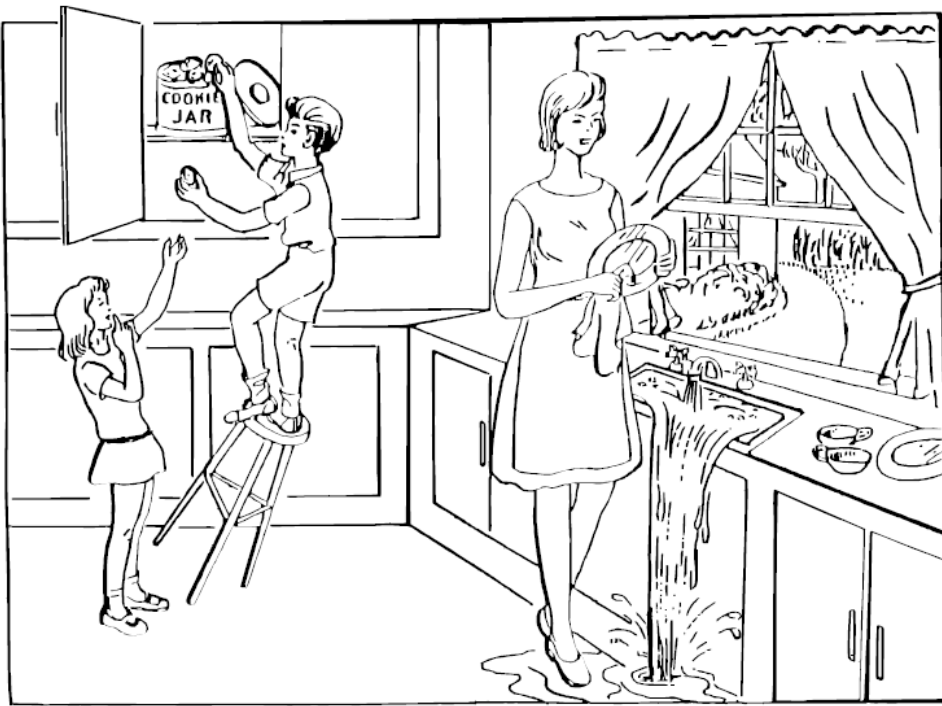
- Significant head trauma or prior stroke in previous 3 months
- Symptoms suggest subarachnoid hemorrhage
- History of previous intracranial hemorrhage
- Intracranial neoplasm, AVM, or aneurysm
- Recent intracranial or intraspinal surgery
- Arterial puncture at noncompressible site in previous 7 days
- Elevated blood pressure (systolic >185 mm Hg or diastolic >110 mm Hg)
- Active internal bleeding
- Blood glucose concentration <50mg/dl (2.7mmol/L)
- Acute bleeding diathesis, including but not limited to: Platelet count <100 000/mm³
- Heparin received within 48 hours, resulting in abnormally elevated aPTT
- Current use of anticoagulant with INR >1.7 or PT >15 seconds
- Current use of direct thrombin inhibitors or direct factor Xa inhibitors
- CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)

Relative Exclusion Criteria

- Only minor or rapidly improving stroke symptoms (clearing spontaneously)
- Seizure at onset with postictal residual neurological impairments
- Major surgery or serious trauma within previous 14 days
- Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
- Pregnancy

To extend IV tPA to 4.5 hours, the following additional criteria MUST be met:

- **Patient is < 80 years of age**
- **Patient does not have a history of both diabetes AND stroke**
- **Patient is not taking Warfarin (Coumadin) or any other anticoagulant regardless of INR/coagulation results**
- **NIHSS is < 25**
- **Written informed consent obtained from patient and/or family – required**



You know how.

Down to earth.

I got home from work.

**Near the table in the dining
room.**

**They heard him speak on the
radio last night.**



MAMA

TIP – TOP

FIFTY – FIFTY

THANKS

HUCKLEBERRY

BASEBALL PLAYER