ACUTE PHASE

ACUTE STROKE DATA

Date: _____

Stroke Onset Date: _____

Source:

☐ FMLH ED ☐ Outside ED

☐ Inpatient ☐ Other: _____

Times (use 24-hour clock):

Onset _____

EMS Called _____

Patient @ ED _____

F.A.S.T. Called _____

F.A.S.T. @ Pt. _____

CT Done _____

Admission Data:

F.A.S.T. MD: _____

ED MD: _____

Admit MD _____

Admit Unit: ☐ NICU ☐ Neuro

☐ Other: _____

Suspected Symptomatic Lesion:

☐ Left ☐ Right

☐ ICA ☐ MCA ☐ ACA ☐ PCA

☐ Vertebral ☐ Basilar

☐ Lacunar ☐ Large Vessel ☐ Embolic

IV tPA Exclusions:

☐ Not Stroke ☐ Resolving

☐ Time (>3hours IV tPA)

☐ PMH ☐ BP

☐ Large Infarct (2/3 MCA Territory)

☐ Bleeding

☐ CT: _____

☐ Lab: _____

☐ Other: _____

IA tPA Exclusions:

tPA Treatment Time: _____

NIH STROKE SCALE

1a. Level of Consciousness ☐ 0 ☐ 1 ☐ 2 ☐ 3

0 = Alert; 1 = Arousable by minor stimulation; 2 = Obtunded, needs strong stimulation to attend; 3 = Unresponsive or reflex responses only.

1b. LOC Questions ☐ 0 ☐ 1 ☐ 2

0 = Answers both; 1 = Answers one; 2 = Answers neither.

1c. LOC Commands ☐ 0 ☐ 1 ☐ 2

0 = Performs both tasks; 1 = Performs one task; 2 = Performs neither task.

2. Best Gaze ☐ 0 ☐ 1 ☐ 2

0 = Normal; 1 = Partial gaze palsy; 2 = Forced deviation or total gaze paresis.

3. Visual ☐ 0 ☐ 1 ☐ 2 ☐ 3

0 = Normal; 1 = Partial hemianopia; 2 = Complete hemianopia; 3 = Blind.

4. Facial Palsy ☐ 0 ☐ 1 ☐ 2 ☐ 3

0 = Normal; 1 = Minor paresis; 2 = Partial paralysis; 3 = Complete paralysis.

5a. Motor Arm - LEFT ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

5b. Motor Arm - RIGHT ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

6a. Motor Leg - LEFT ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

6b. Motor Leg - RIGHT ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

0 = Normal; 1 = Drifts but maintains in air; 2 = Unable to maintain in air; 3 = Moves but unable to lift against gravity; 4 = No movement; N/A = Unable to test.

7. Limb Ataxia ☐ 0 ☐ 1 ☐ 2 ☐ N/A

0 = Absent; 1 = Unilateral; 2 = Bilateral; N/A = Unable to test.

8. Sensory ☐ 0 ☐ 1 ☐ 2

0 = Normal; 1 = Mild-moderate loss; 2 = Severe or total loss.

9. Best Language ☐ 0 ☐ 1 ☐ 2 ☐ 3

0 = Normal; 1 = Mild-moderate aphasia, some deficits apparent but able to communicate; 2 = Severe aphasia, fragmentary expression only, unable to communicate well; 3 = Global aphasia, mute and no comprehension.

10. Dysarthria ☐ 0 ☐ 1 ☐ 2 ☐ N/A

0 = Normal; 1 = Mild-moderate, slurs some words; 2 = Severe, speech mostly unintelligible; N/A = Unable to test (e.g., intubation).

11. Extinction/Inattention ☐ 0 ☐ 1 ☐ 2

0 = Normal; 1 = Visual, tactile, auditory or other extinction to bilateral simultaneous stimulation, but no severe neglect; 2 = Answers neither.

NIH Score: Complete _____

Blood Pressure @ Infusion: SBP/DBP _____ MAP _____

Did pt receive BP treatment acutely prior to tPA?

☐ **Yes** ☐ **No**

14456

ORIGINAL - Medical Records
CANARY - Neurology Department

612214
5/04

Froedtert Hospital
9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596
Primary Affiliate of the
Medical College of Wisconsin

ACUTE PHASE

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6a. Motor Leg - LEFT ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

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PMD: _____

First Language: _____ **Handedness**: ☐ Right ☐ Left ☐ Amb

Race: ☐ African-American ☐ White ☐ Asian ☐ Other/Unknown ☐ Hispanic/Latino ☐ Hawaiian/Pacific-Islander ☐ Native-American/Alaskan

ADVANCE DIRECTIVES? ☐ N ☐ Y
Date: _____
Copy in chart? ☐ N ☐ Y

CC: _____

HPI: TIA / Stroke Onset Date: _____ Time: _____

NARRATIVE: _____

Activity at Onset:
☐ Sleeping
☐ Resting
☐ Light Activity
☐ Moderate Activity
☐ Strenuous Activity

Tempo at Onset:
☐ Abrupt
☐ Gradual over minutes
☐ Gradual over hours
☐ Stuttering
☐ Unknown

Duration:
☐ Persistent deficit ☐ Resolved after _____ minutes

Person Initiating Medical Contact:
☐ Patient ☐ Person present at onset
☐ Unknown ☐ Person NOT present at onset

SYMPTOMS:

Motor: ☐ Right ☐ Left
☐ Weakness
☐ Clumsiness
☐ Face/Mouth/Tongue
☐ Hand ☐ Arm
☐ Leg ☐ Foot
☐ Gait Impaired
☐ Speech Slurred
☐ Other Weakness:

_____
_____

Sensory: ☐ Right ☐ Left
☐ Paresthesia
☐ Hypesthesia
☐ Face/Mouth/Tongue
☐ Hand ☐ Arm
☐ Leg ☐ Foot
☐ Right Visual Field Loss
☐ Left Visual Field Loss
☐ Other Sensory Loss:

_____
_____

Behavioral:
☐ Lethargic/Obtunded
☐ Mute
☐ Speech Anomic
☐ Speech Unintelligible
☐ Comprehension Impaired
☐ Unable to Read
☐ Other Behavioral:

☐ Unable to Write
☐ Unable to Calculate
☐ Unable to Dress
☐ Unable to Follow a Route
☐ Repeats Questions/Statements
☐ Delirious/Agitated

Other:
☐ Headache: ☐ Right ☐ Left
☐ Horizontal Diplopia
☐ Vertical Diplopia
☐ Vertigo
☐ Light-headedness
☐ Nausea
☐ Swallowing Difficulty
☐ Hiccups
☐ Loss of Taste or Smell
☐ Loss of Coordination
☐ Other: _____

_____

Resident Signature: _____

Staff Physician Signature: _____ ID No: _____

Date: _____ Time: _____

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ADVANCE DIRECTIVES? ☐ N ☐ Y
Date: _____
Copy in chart? ☐ N ☐ Y

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☐ Persistent deficit ☐ Resolved after _____ minutes

Person Initiating Medical Contact:
☐ Patient ☐ Person present at onset
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SYMPTOMS:

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☐ Weakness
☐ Clumsiness
☐ Face/Mouth/Tongue
☐ Hand ☐ Arm
☐ Leg ☐ Foot
☐ Gait Impaired
☐ Speech Slurred
☐ Other Weakness:

_____
_____

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CANARY - Neurology Department

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PAST MEDICAL HISTORY:

Prior Strokes:
# of Prior Strokes _____
Year of Stroke 1 _____
Year of Stroke 2 _____
Others _____

Residual Symptoms:
☐ Weakness ☐ Right ☐ Left ☐ Aphasia ☐ Memory Loss
☐ Visual loss ☐ Right ☐ Left ☐ Ataxia ☐ Diplopia
☐ Numbness ☐ Right ☐ Left ☐ Dysarthria ☐ Confusion
☐ Other: _____

Other Neurologic: ☐ TIA _____ ☐ Migraine ☐ Dementia ☐ Other: _____
Date of Last TIA

Cardiac:
☐ Hypertension _____ (Duration yrs) ☐ MI _____ (years) ☐ Angina
☐ CABG _____ (years) ☐ Cor Stent/Angioplasty _____ (years) ☐ CHF _____ (yr of onset)
☐ Atrial Fib / Flutter _____ (yr of onset) ☐ Pacemaker _____ (year) ☐ PFO/Atrial Septal Aneurysm
Other: _____

Vascular Risks:
☐ DM _____ (Duration yrs) ☐ Hypercoagulable State _____ (Type) ☐ Spont. Abortion _____ # episodes
☐ DVT _____ (# Episodes) ☐ Hyperlipidemia: Total _____ LDL _____ HDL _____ TG _____ ☐ Obesity
☐ Hyperhomocysteinemia ☐ Endarterectomy: ☐ Right ☐ Left ☐ ICA Stenosis: ☐ Right _____ % ☐ Left _____ %

Other past history: _____

Allergies: _____

Medications:

Name	Dose	Doses/Day

FAM HX: ☐ No Familial Diseases

	Mom	Dad	Sibs	GP	Other
Stroke	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Hyperlipidemia	☐	☐	☐	☐	☐
Psychiatric Disease	☐	☐	☐	☐	☐
Coronary Artery Disease	☐	☐	☐	☐	☐
Periph Vascular Disease	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐

Other: _____

Prior Stroke Medications:

Name	Date Stopped	Reason

Resident Signature: _____

Staff Physician Signature: _____ ID No: _____

Date: _____ Time: _____

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Stroke	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Hyperlipidemia	☐	☐	☐	☐	☐
Psychiatric Disease	☐	☐	☐	☐	☐
Coronary Artery Disease	☐	☐	☐	☐	☐
Periph Vascular Disease	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐

Other: _____

Prior Stroke Medications:

Name	Date Stopped	Reason

Resident Signature: _____

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SOCIAL HISTORY (SH):

Marital Status:
☐ Married
☐ Single
☐ Divorced
☐ Widowed

Living Arrangement:
☐ Home Alone
☐ Home, Cohabitating
☐ Nursing Home
☐ Other: _____

Work Status:
☐ Full-time ☐ Part-time
☐ Homemaker ☐ Student
☐ Unemployed ☐ Retired
☐ Disabled

 # Children:
_____

Education Level:
☐ < 10 years ☐ High School Diploma ☐ Bachelors Degree ☐ PhD / MD / JD
☐ 10-11 years ☐ 2 yrs college or tech degree ☐ Masters Degree

Drug exposure:
☐ Tobacco year quit _____ # packs - year _____ Other drugs used:
☐ Alcohol year quit _____ # drinks - week _____ _____
☐ Cocaine year quit _____ # uses - week _____ _____

Functional Status Prior to Current Stroke / Rankin Score:
(1) ☐ No symptoms at all.
(2) ☐ No significant disability despite symptoms: *able to carry out all usual duties and activities.*
(3) ☐ Slight disability: *unable to carry out all previous activities, but able to look after own affairs without assistance.*
(4) ☐ Moderate disability: *requiring some help, but able to walk without assistance.*
(5) ☐ Moderately severe disability: *unable to walk or attend to own bodily needs without assistance.*
(6) ☐ Severe disability: *bedridden, incontinent and requiring constant nursing care and attention.*

Other SH: _____

ROS:

GEN/ENDO: ☐ fevers ☐ chills ☐ wt loss ☐ wt gain ☐ night sweats ☐ fatigue ☐ cold intolerance ☐ heat intolerance ☐ polyuria ☐ polydipsia
☐ NONE Other: _____

NEUROLOGIC: ☐ headache ☐ dizziness ☐ numbness ☐ pain ☐ weakness ☐ gait change ☐ memory loss ☐ speech problem ☐ seizure ☐ tremor
☐ NONE Other: _____

PSYCHIATRIC: ☐ anxiety ☐ depression ☐ suicidal ☐ hallucinations ☐ psychosis ☐ paranoia ☐ insomnia ☐ malaise ☐ mania
☐ NONE Other: _____

OPHTHO/ENT: ☐ visual changes ☐ eye pain ☐ discharge ☐ tinnitus ☐ hearing loss ☐ ear pain ☐ vertigo ☐ epistaxis ☐ rhinorrhea ☐ oral lesions
☐ NONE Other: _____

CARDIO/PULMONARY: ☐ angina ☐ palpitations ☐ syncope ☐ orthopnea ☐ edema ☐ cough ☐ dyspnea ☐ hemoptysis ☐ sputum ☐ pleurisy
☐ NONE Other: _____

GI/GU: ☐ nausea ☐ abd pain ☐ constipation ☐ diarrhea ☐ hematochezia ☐ melena ☐ dysuria ☐ discharge ☐ frequency ☐ hematuria ☐ nocturia
☐ NONE Other: _____

DERM/HEM/RHEUM: ☐ nevi ☐ pruritis ☐ rash ☐ anemia ☐ bleeding ☐ bruising ☐ lymphadenopathy ☐ arthralgia ☐ gout ☐ myalgia ☐ back pain
☐ NONE Other: _____

OTHER: _____

Resident Signature: _____

Staff Physician Signature: _____ ID No: _____

Date: _____ Time: _____

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☐ NONE Other: _____

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☐ NONE Other: _____

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☐ NONE Other: _____

OTHER: _____

Resident Signature: _____

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Date: _____ Time: _____

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PE: VS _____ T: _____ Ht(in): _____ Wt (kg): _____ 02 SAT: _____ Pain VAS: _____

P: Rhythm: ☐ reg ☐ irreg BP: _____ /_____ RR: _____

GEN: ☐ NL: ☐ NL appearance ☐ habitus ☐ alertness ☐ affect ☐ mood. ☐ ABNL:	**CV:** ☐ NL: ☐ PMI NL. ☐ RRR ☐ S1/S2 ☐ no g/m/r. No bruits. No pedal edema or varicosities. ☐ ABNL:
HEENT: ☐ NL: Normocephalic, no trauma. Fundi benign, with opthalmoscope, conj. pink, MMM w/o lesions. ☐ ABNL	**GI:** ☐ NL: ☐ BS NL ☐ soft ☐ NT ☐ ND. ☐ No organomegaly / masses. Rectal exam: _____ ☐ ABNL:
NECK: ☐ NL: No thyromegaly, masses, or JVD. ☐ Carotid bruit R L ☐ ABNL:	**PULM:** ☐ NL: CTA & resonant to percussion. NL resp. effort. ☐ ABNL:
OTHER:	**OTHER:**

NEUROLOGICAL EXAM:
Mental Status:

Orientation

	Correct	Error:		Correct	Error:
Month	☐	_____	Year	☐	_____
Weekday	☐	_____	Age	☐	_____
President	☐	_____	City	☐	_____
Deficits	☐	_____			

Memory & Attention

Immediate Recall: _____ / 6 _____ /6

Count Forward (1-34) _____

Count Bkwrd (50-19) _____

Delayed Recall: _____ /6

Scene Description: ☐ Neglect: ☐ Right ☐ Left

Line Bisection NL ☐ % deviation from center: R _____ L _____

Attention: Normal ☐ Abnormal ☐

Other Neglect: _____

Language

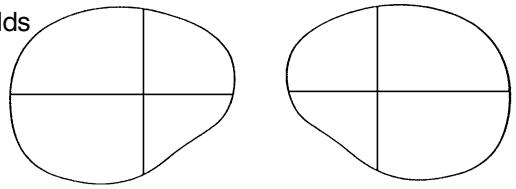
	Normal	No Response	Non-fluent	Para-phasic
Naming	☐	☐	☐	☐
Repetition	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Spont Speech	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Comprehension	☐	☐	☐	☐

Other Language: _____

_____

Fund of Knowledge: Normal ☐ Abnormal ☐

Cranial Nerves ☐ Check if normal

Number	Item
2	Visual Acuity Right: _____ Left: _____
2	Visual Fields 
2, 3	Pupils ☐ _____
3, 4, 6	EOMS ☐ _____
5	Face Sensory ☐ _____
7	Facial Nerve ☐ _____
8	Hearing/Nystagmus ☐ _____
7, 9	Articulation ☐ _____
9, 10	Palate ☐ _____
11	SCMS/Trapezius ☐ _____
12	Tongue ☐ _____
Others	_____

Sensation	Intact	Deficit
Pin/Temp	☐	_____
Vibration	☐	_____
DSS to LT	☐	_____
Localization	☐	_____

Other Sensory: _____

Resident Signature: _____

Staff Physician Signature: _____ ID No: _____

Date: _____ Time: _____

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PE: VS _____ T: _____ Ht(in): _____ Wt (kg): _____ 02 SAT: _____ Pain VAS: _____

P: Rhythm: ☐ reg ☐ irreg BP: _____ /_____ RR: _____

GEN: ☐ NL: ☐ NL appearance ☐ habitus ☐ alertness ☐ affect ☐ mood. ☐ ABNL:	**CV:** ☐ NL: ☐ PMI NL. ☐ RRR ☐ S1/S2 ☐ no g/m/r. No bruits. No pedal edema or varicosities. ☐ ABNL:
HEENT: ☐ NL: Normocephalic, no trauma. Fundi benign, with opthalmoscope, conj. pink, MMM w/o lesions. ☐ ABNL	**GI:** ☐ NL: ☐ BS NL ☐ soft ☐ NT ☐ ND. ☐ No organomegaly / masses. Rectal exam: _____ ☐ ABNL:
NECK: ☐ NL: No thyromegaly, masses, or JVD. ☐ Carotid bruit R L ☐ ABNL:	**PULM:** ☐ NL: CTA & resonant to percussion. NL resp. effort. ☐ ABNL:
OTHER:	**OTHER:**

NEUROLOGICAL EXAM:
Mental Status:

Orientation

	Correct	Error:		Correct	Error:
Month	☐	_____	Year	☐	_____
Weekday	☐	_____	Age	☐	_____
President	☐	_____	City	☐	_____
Deficits	☐	_____			

Memory & Attention

Immediate Recall: _____ / 6 _____ /6

Count Forward (1-34) _____

Count Bkwrd (50-19) _____

Delayed Recall: _____ /6

Scene Description: ☐ Neglect: ☐ Right ☐ Left

Line Bisection NL ☐ % deviation from center: R _____ L _____

Attention: Normal ☐ Abnormal ☐

Other Neglect: _____

Language

	Normal	No Response	Non-fluent	Para-phasic
Naming	☐	☐	☐	☐
Repetition	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Spont Speech	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Comprehension	☐	☐	☐	☐

Other Language: _____

_____

Fund of Knowledge: Normal ☐ Abnormal ☐

Cranial Nerves ☐ Check if normal

Number	Item
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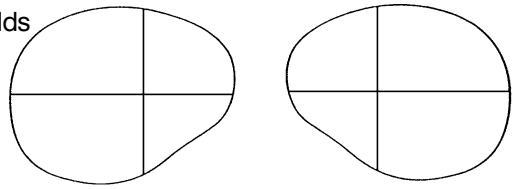
2	Visual Fields 
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Sensation	Intact	Deficit
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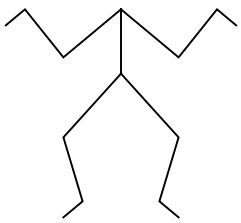
Motor

	Strength Right	Left	Tendon Reflexes & Toe Signs
Face	____	____	
Shoulder / Elbow	____	____	
Wrist / Hand	____	____	
Hip / Knee	____	____	
Ankle / Foot	____	____	

Normal ☐ Abnormality: _____

Muscle Tone ☐ _____

Other Motor: _____

_____

_____

Coordination, Gait & Other

	Normal	Abnormality:
Finger-to-Nose	☐	_____
Heel-Knee-Shin	☐	_____
Gait	☐	_____
Tandem Gait	☐	_____
Romberg Test	☐	_____

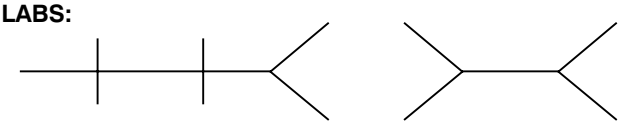
Other Neurologic: _____

_____

_____

_____

LABS:



INR: PTT: CRP: ESR:

Others:

STUDIES:

ECG: _____

Brain CT: _____

_____

_____

RESIDENT ASSESSMENT AND PLAN:

Resident Signature: _____

Staff Physician Signature: _____ ID No: _____

Date: _____ Time: _____

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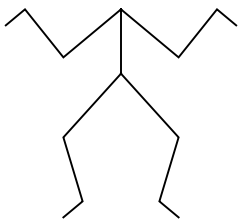
Stroke & Neurovascular History & Physical Kit - Item 40746

Motor

	Strength Right	Left	Tendon Reflexes & Toe Signs
Face	____	____	
Shoulder / Elbow	____	____	
Wrist / Hand	____	____	
Hip / Knee	____	____	
Ankle / Foot	____	____	

Normal ☐ Abnormality: _____

Muscle Tone ☐ _____

Other Motor: _____

_____

_____

Coordination, Gait & Other

	Normal	Abnormality:
Finger-to-Nose	☐	_____
Heel-Knee-Shin	☐	_____
Gait	☐	_____
Tandem Gait	☐	_____
Romberg Test	☐	_____

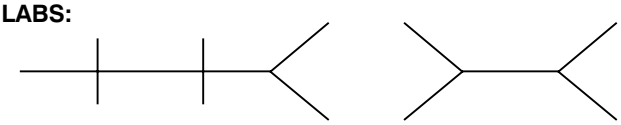
Other Neurologic: _____

_____

_____

_____

LABS:



INR: PTT: CRP: ESR:

Others:

STUDIES:

ECG: _____

Brain CT: _____

_____

_____

RESIDENT ASSESSMENT AND PLAN:

Resident Signature: _____

Staff Physician Signature: _____ ID No: _____

Date: _____ Time: _____

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Stroke & Neurovascular History & Physical Kit - Item 40746

ATTENDING PHYSICIAN: I have reviewed the history of Dr._____

as recorded above. I have examined the patient and reviewed the findings as documented by the resident. I have reviewed the resident's assessment and plan of care. My key findings are as follows:

PHYSICIAN DOCUMENTATION & FINDINGS: _____

EXAM SUMMARY: _____

MEDICAL DECISION MAKING: _____

May also want to use for consult. If yes use: ☐ Service done in consultation requested by: _____

Resident Signature: _____

Staff Physician Signature: _____ ID No: _____

Date: _____ Time: _____

14456

ORIGINAL - Medical Records
CANARY - Neurology Department

612224
5/04

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14456

ORIGINAL - Medical Records
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