



Stroke/Alteplase Flowsheet										Date: / /		NIHSS														Care Team			
Patient Weight (kg):			Blood Pressure Pre-Bolus: /							LOC	LOC Questions	LOC Comments	Best Gaze	Visual	Facial Palsy	L Motor Arm	R Motor Arm	L Motor Leg	R Motor Leg	Limb Ataxia	Sensory	Sensory	Best Language	Dysarthria	Instinction/ Inattention	Total score	RN Initials	Initials	Signature
Bolus Date/ Time:																													
Infusion Start Date/ Time:			Full Infusion Admin: Y or N																										
Time	HR	Rhythm	BP	RR	O2 sat	Temp																							
Pre Bolus:																													
15 mins																													
30 mins																													
45 mins																													
1 hr																													
1 hr 15 mins																													
1 hr 30 mins																													
1 hr 45 mins																													
2 hrs																													
2.5 hrs																													
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22 hrs																													
23 hrs																													
24 hrs																													

Transfer Time:

DIDO (Door In Door Out):

Notify Neurologist for:

- *Neuro Status deterioration
- *NIHSS increase >= 2
- *Severe Headache
- *Elevated BP- unresolved with medication (SBP>180 or DBP>110)
- *Nausea/ Vomitting
- *S&S of Angioedema

NOTES:

24 HR Follow up CT*****

Ordered _____ COMPLETED _____