

TRANSFER HOSP _____
 DESTINATION HOSP _____
 EMS AGENCY _____
 EMS RUN # _____

DATE _____
 PATIENT NAME _____
 AGE _____ DOB _____ SEX _____
 MEDICAL RECORDS # _____
 ACCOUNT# _____

PT LABEL

REGIONAL NEUROLOGICAL ABBREVIATED ASSESSMENT TOOL FOR TRANSFER

LKWT:		ABBREVIATED NIHSS*													
NIH Prior to TPA:		TIME	HEART RATE	HEART RHYTHM	BLOOD PRESSURE	MOTOR SCORE				LEVEL OF CONSCIOUSNESS	DYSARTHRIA	LANGUAGE	TOTAL SCORE	ANGIO- EDEMA Y / N	INITIALS
Bolus Time:						RIGHT ARM	LEFT ARM	RIGHT LEG	LEFT LEG						
Administration	VS Prior TPA														
	tPA 15min														
	tPA 15min														
	tPA 15min														
	tPA 15min														
POST tPA Q15-1HR	15min														
	15min														
	15min														
	15min														
	30min														
	30min														
	30min														
	30min														
	30min														
	30min														
Q30 X 6 HOURS	30min														
	30min														
	30min														
	30min														
	30min														
	30min														
	30min														
	30min														
	30min														
	30min														
MOTOR SCORE 0 = No drift, arms hold 90 degrees (sitting) or 45 degrees (supine) for full 10 seconds; or leg holds 30 degrees for full 5 seconds. 1 = Drift, arm holds 90 degrees (sitting) or 45 degrees (supine), but drifts down before full 10 seconds; or leg holds 30 degrees but drifts down before 5 full seconds, but does not hit bed or other support. 2 = Some effort against gravity; arm cannot get to or maintain (if cued) 90 degrees (sitting) or 45 degrees (supine); or leg cannot get to or maintain 30 degrees, drifts down to bed, but has some effort against gravity. 3 = No effort against gravity, limb falls. 4 = No movement. 5 = Amputation; joint fusion.										LEVEL OF CONSCIOUSNESS 0 = Alert 1 = Not alert, arouses with minor stimulation 2 = Not alert, arouses with strong, repeated stimulation 3 = Responds with reflexes or is unresponsive			DYSARTHRIA 0 = Normal 1 = Mild to moderate; slurs but can be understood 2 = Severe; so slurred it is unintelligible 3 = Intubated or other physical barrier		
NOTE: 4-point increase from baseline should trigger further neurological assessment & notify neurologist STAT. Angio edema: Look for signs of unilateral or bilateral tongue enlargement q15min X 2hrs post (Alteplase).										BEST LANGUAGE 0 = No aphasia 1 = Mild to moderate; some loss but makes conversation with materials 2 = Severe aphasia; information exchanged is limited 3 = Mute; no usable speech or auditory comprehension					
BAR CODE										COMMENTS (i.e., glaze, facial palsy, ataxia, sensory, changes in vital signs):					

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					RIGHT ARM	LEFT ARM	RIGHT LEG	LEFT LEG							Y/N
Q 1 HOUR X 16 HOURS	1 hour														
	1 hour														
	1 hour														
	1 hour														
	1 hour														
	1 hour														
	1 hour														
	1 hour														
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BEST LANGUAGE 0 = No aphasia 1 = Mild to moderate; some loss but makes conversation with materials 2 = Severe aphasia; information exchanged is limited 3 = Mute; no usable speech or auditory comprehension									STOP the infusion immediately, and notify neurologist or ED physician if the patient displays any of the following symptoms: headache, severe chest pain, profuse bleeding, flank pain, edema of mouth/ lips/ tongue, or seizures.						
BAR CODE			Initials:			Signature:			Initials:			Signature:			
			Initials:			Signature:			Initials:			Signature:			
			Initials:			Signature:			Initials:			Signature:			
COMMENTS (i.e., glaze, facial palsy, ataxia, sensory, changes in vital signs): 															