**Neuro Checks and Vital Sign Tracking Tool**

|  |
| --- |
| **Activase (Alteplase) Bolus Dose Date/Time:**  |
| Nurse administering Activase (Alteplase) is to enter times for all VS and neuro checks in columns provided. Checkmarks are to be placed in corresponding boxes when documentation completed in Clinical Care Station. Vital Signs and Neurological Assessments are to begin 15 minutes from the initial dose of Alteplase. |
|  | **Time** | **VS** | **Neuro Ck** |  | **Time** | **VS** | **Neuro Ck** |
| **Bolus dose** |  |  |  | every **1Hr** x16 HOURS POST INFUSION  |  |  |  |
| every **15 MIN** for 2 hours (during and first hour after infusion)  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| every **30 MIN** x next 6 HOURS POST INFUSION  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Document in EPIC post tPA neuro checks in vital sign flowsheet: LOC, questions, commands, facial droop, motor arm & leg, speech, headache, angioedema.  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Please send completed forms to the Stroke Coordinator (5P). This form is not part of the permanent medical record.**  | Patient Labelcid:image001.jpg@01D05749.B0A951A0 |