

The Medical Center
Post IV-tPA Vital Signs and Neuro Checks

Pg 1 of 2

IV-tPA bolus given: Date _____ Time (bolus time): _____ (Start 1st VS/Neuro check 15min AFTER bolus - may round time down)

START 15 min after IV-tPA bolus given: VS/Neuro Checks every 15 minutes x 2 hours, then every 30 minutes x 6 hours, then hourly x 16																	
FREQUENCY	Vital Signs					SaO2	Mental Status				Cranial Nerves			Limbs			RN Initials
	Date	Time	HR	BP: Notify MD SBP>180 and/or DBP>105			LOC	Speech	Questions	Commands	Facial Droop	Visual Fields	Horiz Gaze	Motor Arm	Motor Leg	Sensory	
Q15																	
Q15																	
Q15																	
Q15																	
Q15																	
Q15																	
Q15																	
Q15																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	
Q30																	

*** See Page 2 and continue VS and Neuro Checks q hour x 16 hours: NEXT Score will be 60 min after last 30 min score

LOC	Speech	Questions	Commands	Facial
A = Alert V = Verbal P = Responds to pain U = Unresponsive	Have patient say "You can't teach an old dog new tricks" N = Normal (no wrong words or slurring) A = Abnormal Stupor/Coma = A	Ask patient AGE & MONTH 2 = Both correct 1 = One correct 0 = Neither correct Stupor/Coma = 0	Tell patient to close and open eyes N = Normal (able to follow commands) A = Abnormal (unable to follow commands)	Ask patient to smile / show teeth. Stupor/Coma? Note grimace w/ nox stim N = Normal R = Right side droop L = Left side droop
Visual Fields	Horizontal Gaze	Motor	Sensory	Coordination
N = Normal (sees fingers move in all 4 quad) Stupor/coma - hold eyes open + visual threat in 4 quads A = Abnormal in ____ quad	Follows examiner's finger side to side. Stupor/coma - hold eyes open + oculoccephalic maneuver N = Normal R = Right gaze preference L = Left gaze preference	N = Normal, no drift If drift or weakness, note location of deficit as: RUE, RLE, LUE, LLE Stupor/coma = ALL	N = Normal, feels light touch. Stupor/coma-pinprick or noxious stimuli If abnormal, note location of deficit as: RUE, RLE, LUE, LLE or ALL	N = Normal finger to nose, heel to shin If abnormal, note location of deficit as: RUE, RLE, LUE, LLE Stupor/coma = N

Transferring RN	Initials:	Signature	Date / Time	Receiving RN	Initials:	Signature	Date / Time
Other RN	Initials:	Signature	Date / Time	Other RN	Initials:	Signature	Date / Time

IV-tPA FREQUENT VITAL SIGNS & NEURO CHECKS

Patient Sticker

