EMHS
Access to Quality Healthcare

- ☐ Blue Hill Memorial Hospital
- ☐ Charles A. Dean Memorial Hospital
- ☑ Eastern Maine Medical Center
- ☐ Inland Hospital
- ☐ Sebasticook Valley Hospital
- ☐ The Acadia Hospital
- ☐ The Aroostook Medical Center

Patient Identification Room No.

Known allergies / medication sensitivities:

ED Stroke Panel

Patient Care

☐ Reference EMMC **********Usec:** Call Operator to page a Stroke Alert **********

Laboratory

☑ Bedside Glucose Monitoring ONCE Notify provider if glucose less than 70 or greater than 150 mg/dL.
☑ CMP BLOOD Stat ONCE
☑ CBC with Differential BLOOD Stat ONCE
☑ INR BLOOD Stat ONCE
☑ PTT (Partial Thromboplastin Time)BLOOD Stat ONCE
☑ Fibrinogen BLOOD Stat ONCE
☑ Troponin T (Random) BLOOD Stat ONCE
☑ Urinalysis Screen URINE Stat ONCE May use Foley or Mini Cath
☐ Type & Screen BLOOD Stat ONCE

Tests/Procedures

☑ EKG Standard EK STAT ONCE Patient in ED
☑ Chest Single View XR Expedite ONCE Change in mental status, Question acute stroke or aspiration pneumonia, Assess for mediastinal widening, Possible tPA, Stretcher, Portable if necessary
☑ CT Brain without Contrast STAT Change in mental status, Question acute stroke, Possible tPA, ED Provider to evaluate patient prior to test, Stretcher

100002007

Provider Signature:_____ Print Name: _____

Date: _____ Time: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDERSETS

EMHS
Access to Quality Healthcare

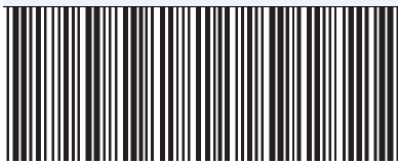
- ☐ Blue Hill Memorial Hospital
- ☐ Charles A. Dean Memorial Hospital
- ☑ Eastern Maine Medical Center
- ☐ Inland Hospital
- ☐ Sebasticook Valley Hospital
- ☐ The Acadia Hospital
- ☐ The Aroostook Medical Center

Patient Identification Room No.

Known allergies / medication sensitivities:

ED Stroke Panel

NIH Stroke Scale		Score
Level of Consciousness: 0 = Alert; keenly responsive. 1 = Not alert, but arousable by minor stimulation to obey, answer, or respond.	2 = Not alert, requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements not stereotyped 3 = Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, areflexic.	
Level of Consciousness Questions: 0 = Answers both questions correctly.	1 = Answers one question correctly. 2 = Answers neither question correctly.	
Level of Consciousness Commands: 0 = Performs both tasks correctly	1 = Performs one task correctly 2 = Performs neither task correctly	
Best Gaze: 0 = Normal	1 = Partial gaze palsy. This score is given when gaze is abnormal in one or both eyes, but where forced deviation or total gaze paresis are not present. 2 = Forced deviation, or total gaze paresis not overcome by the oculocephalic maneuver.	
Visual: 0 = No visual loss 1 = Partial hemianopia	2 = Complete hemianopia 3 = Bilateral hemianopia (blind including cortical blindness)	
Facial Palsy: 0 = Normal symmetrical movement 1 = Minor paralysis (flattened nasolabial fold, asymmetry on smiling)	2 = Partial paralysis (total or near total paralysis of lower face) 3 = Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)	
Motor Arm and Leg: 0 = No drift, limb holds 90 (or 45) degrees for full 10 seconds. 1 = Drift, Limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support.	2 = Some effort against gravity, limb cannot get to or maintain (if cued) 90 (or 45) degrees, drifts down to bed, but has some effort against gravity. 3 = No effort against gravity, limb falls. 4 = No movement 9 = Amputation, joint fusion explain:	Left: Right:
Motor Arm and Leg: 0 = No drift, leg holds 30 degrees position for full 5 seconds. 1 = Drift, leg falls by the end of the 5 second period but does not hit bed.	2 = Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity. 3 = No effort against gravity, leg falls to bed immediately. 4 = No movement 9 = Amputation, joint fusion explain:	Left: Right:
Limb Ataxia: 0 = Absent 1 = Present in one limb 2 = Present in two limbs	If present, is ataxia in Right arm 1 = Yes 2 = No 9 = amputation or joint fusion, explain: Left arm 1 = Yes 2 = No 9 = amputation or joint fusion, explain: Right leg 1 = Yes 2 = No 9 = amputation or joint fusion, explain: Left leg 1 = Yes 2 = No 9 = amputation or joint fusion, explain:	_____ _____ _____ _____
Sensory: 0 = Normal; no sensory loss.	2 = Severe to total sensory loss; patient is not aware of being touched in the face, arm, and leg 1 = Mild to moderate sensory loss; patient feels pinprick is less sharp or is dull on the affected side; or there is a loss of superficial pain with pinprick but patient is aware he/she is being touched.	
Best Language: 0 = No aphasia, normal 1 = Mild to moderate aphasia; some obvious loss of fluency or facility of comprehension, without significant limitation on ideas expressed or form of expression. Reduction of speech and/or comprehension, however, makes conversation about provided material difficult or impossible. For example in conversation about provided materials examiner can identify picture or naming card from patient's response.	2 = Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response. 3 = Mute, global aphasia; no usable speech or auditory comprehension.	
Dysarthria: 0 = Normal 1 = Mild to moderate; patient slurs at least some words and, at worst, can be understood with some difficulty.	2 = Severe; patient's speech is so slurred as to be unintelligible in the absence of or out of proportion to any dysphasia, or is mute/anarthric. 9 = Intubated or other physical barrier, explain:	
Extinction and Inattention (formerly Neglect): 0 = No abnormality. 1 = Visual, tactile, auditory, spatial, or personal inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities.	2 = Profound hemi-inattention or hemi-inattention to more than one modality. Does not recognize own hand or orients to only one side of space.	
Distal Motor Function: 0 = Normal (No flexion after 5 seconds) 1 = At least some extension after 5 seconds, but not fully extended. Any movement of the fingers which is not command is not scored.	2 = No voluntary extension after 5 seconds. Movements of the fingers at another time are not scored. a. Left Arm b. Right Arm	____ ____
	Total Score	


100002007

Provider Signature:_____ Print Name: _____

Date: _____ Time: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDERSETS

Revised October 2011

EMHS
Access to Quality Healthcare

- ☐ Blue Hill Memorial Hospital
- ☐ Charles A. Dean Memorial Hospital
- ☑ Eastern Maine Medical Center
- ☐ Inland Hospital
- ☐ Sebasticook Valley Hospital
- ☐ The Acadia Hospital
- ☐ The Aroostook Medical Center

Patient Identification Room No.

Known allergies / medication sensitivities:

ED Stroke Hemorrhagic

Diet

☑ Stroke Dysphagia Screen Now & Advance to Cardiac Diet per Policy

- Dysphagia Screen: (1) If patient passes the screen, then advance diet as tolerated to Cardiac Diet; (2) If patient fails the screen, patient to remain NPO (Includes oral meds) & nursing to order Speech Therapy Eval & Treatment / Bedside Swallowing.
- NPO, No exceptions, NPO until nursing completes the Dysphagia Screen (Includes oral meds).

Patient Care

☑ Vital Signs Frequent Every 1 Hour

☑ Neuro Checks Frequent Every 1 Hour, Notify if neurological deterioration or seizure activity

☑ Activity Bedrest with head of bed elevated 30 degrees

☑ Telemetry Monitoring per ED policy

☑ Oxygen Nasal Cannula, Maintain O2 sat greater than 94% using appropriate oxygen device

☑ Continuous Pulse Oximetry, Maintain O2 sat greater than 94% using appropriate oxygen device

☑ Notify If systolic BP is greater than 160 or diastolic BP is greater than 90 mmHg

Continuous Solutions

☐ Sodium Chloride 0.9% (Bolus) 1000 mL, IVPB, Bolus, 1 Doses/Times, Infuse over 1 hour

☐ Sodium Chloride 0.9% IV Tot Vol: 1000 mL, 100 mL/hr, Soln, IV

Medications

☐ Labetalol (Normodyne) 10 mg, Soln, IVP, Every 10 Minutes, PRN, Hypertension, (1) Administer IV over 2 minutes to keep systolic BP less than 160 or diastolic BP less than 90 mmHg; (2) May repeat or double previous Labetalol dose every 10 minutes up to a max total dose = 300 mg; (3) Hold for pulse less than 60

☐ Labetalol 400mg/250mL D5W (Peripheral) Titrate, Soln, IV, (1) Titrate 0.5 - 2 mg/minute to keep systolic BP less than 160 and diastolic BP less than 90 mmHg; (2) Hold for pulse less than 60

☐ Nicardipine 50 mg/500 mL NS Tot Vol: 500 mL, Titrate, Soln, IV, (1) Start at 2.5 mg/hr and titrate by 2.5 mg/hr increments every 5 to 15 minutes to keep systolic BP less than 160 and diastolic BP less than 90 mmHg; (2) Max dose = 15 mg/hr; (3) Hold for pulse less than 60

☐ HydrALAZINE (Apresoline) 10 mg, Soln, IVP, Every 10 Minutes, PRN, Hypertension, 2 Doses/Times, To keep systolic BP less than 160 and diastolic BP less than 90 mmHg when unresponsive to Labetalol or Nicardipine Infusions

☐ Enalaprilat (Vasotec) 1.25 mg, Soln, IVP, Every 6 Hours, PRN, Hypertension, (1) To keep systolic BP less than 160 and diastolic BP less than 90 mmHg when unresponsive to HydrALAZINE; (2) Use with caution in renal insufficiency

☐ Metoprolol (Lopressor) 2.5 mg, Soln, IVP, Every 15 Minutes, PRN, Hypertension, 2 Doses/Times, (1) To keep systolic BP less than 160 and diastolic BP less than 90 mmHg when unresponsive to Enalaprilat; (2) Hold for pulse less than 60

Laboratory

☐ Type & Screen BLOOD Stat, ONCE

Consults

☑ Physician Consult Stroke Neurosurgery: Hemorrhagic stroke

100002007

Provider Signature:_____ Print Name: _____

Date: _____ Time: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDERSETS

EMHS
Access to Quality Healthcare

- ☐ Blue Hill Memorial Hospital
- ☐ Charles A. Dean Memorial Hospital
- ☑ Eastern Maine Medical Center
- ☐ Inland Hospital
- ☐ Sebasticook Valley Hospital
- ☐ The Acadia Hospital
- ☐ The Aroostook Medical Center

Patient Identification Room No.

Known allergies / medication sensitivities:

ED Stroke Ischemic/TIA (No tPA)

Last Known Well Date: _____ and Time: _____

tPA Contraindications	
Contraindications for tPA: ☐ Systolic BP greater than 185 or Diastolic BP greater than 110 mmHg despite one dose of Labetalol 10 mg IV ☐ IV or IA tPA given at outside hospital ☐ Recent trauma or surgery within past 15 days ☐ Recent intracranial or spinal surgery, head trauma, or stroke within past 3 months	☐ Active internal bleeding within past 22 days ☐ History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor ☐ Platelets less than 100,000, PTT greater than 40 sec after Heparin use, or PT greater than 15 or INR greater than 1.7, or known bleeding diathesis ☐ Suspicion of subarachnoid hemorrhage ☐ CT findings of ICH, SAH, or major infarct signs
Relative Contraindications to Discuss with Neurologist ☐ Advanced age ☐ Seizure at onset ☐ Care team unable to determine eligibility ☐ Glucose less than 50 or greater than 400 mg/dL ☐ Pregnancy ☐ MI within past 3 months	☐ Left heart thrombus ☐ Life expectancy less than 1 year or severe comorbid illness or CMO on admission ☐ Increased risk of bleeding due to comorbid conditions ☐ Patient or family refused ☐ Rapid improvement ☐ Stroke severity too mild ☐ Stroke severity too severe

tPA Contraindications for Administration Between 3 to 4.5 Hours		
☐ Age greater than 80 years	☐ Use of anticoagulant(s) prior to presentation	☐ History of prior stroke and diabetes

Reason tPA Not Administered				
☐ Delay in stroke diagnosis	☐ Delay in arrival greater than 4.5 hrs	☐ Inhospital time delay	☐ No IV access	☐ Patient or family refused

Diet

☑ Stroke Dysphagia Screen Now & Advance to Cardiac Diet as Tolerated

- Dysphagia Screen: (1) If patient passes the screen, then advance diet as tolerated to Cardiac Diet; (2) If patient fails the screen, patient to remain NPO (Includes oral meds) & nursing to order Speech Therapy Eval & Treatment / Bedside Swallowing.
- NPO, No exceptions, NPO until nursing completes the Dysphagia Screen (Includes oral meds)

Patient Care

☑ Vital Signs (Frequent) Every 1 Hour

☑ Neuro Checks (Frequent) Every 1 Hour. Notify if neurological deterioration or seizure activity

☑ Activity Bedrest with head of bed elevated 30 degrees.

☑ Telemetry Monitoring per ED policy

☑ Oxygen Nasal Cannula, Maintain O2 sat greater than 94% using appropriate oxygen device

☑ Continuous Pulse Oximetry, Maintain O2 sat greater than 94% using appropriate oxygen device

☑ Notify If systolic BP is greater than 210 or diastolic BP is greater than 120 mmHg

Continuous Solutions

☐ Sodium Chloride 0.9% (Bolus) 1000 mL, IVPB, Bolus, 1 Doses/Times, Infuse over 1 hour

☐ Sodium Chloride 0.9% IV Tot Vol: 1000 mL, 100 mL/hr, Soln, IV

Medications

☐ Aspirin 325 mg PO ONCE Stat, May give Aspirin 300 mg PR if unable to take PO

☐ Aspirin 300 mg PR ONCE Stat, If unable to take PO or Dysphagia Screen not completed

☐ Aspirin/Dipyridamole (Aggrenox) 1 Cap PO ONCE Stat (Aspirin alternative)

☐ Clopidogrel (Plavix) 75 mg PO ONCE Stat (Aspirin alternative)

☐ Enalaprilat (Vasotec) 1.25 mg IVP Every 6 Hours PRN Hypertension, For persistent systolic BP greater than 220 or diastolic BP greater than 120 mmHg

Laboratory

☐ Type & Screen Stat ONCE

Consults

☑ Physician Consult Stroke Neurology: All cases to be discussed with Neurology

100002007

Provider Signature:_____ Print Name: _____

Date: _____ Time: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDERSETS

EMHS
Access to Quality Healthcare

- ☐ Blue Hill Memorial Hospital
- ☐ Charles A. Dean Memorial Hospital
- ☑ Eastern Maine Medical Center
- ☐ Inland Hospital
- ☐ Sebasticook Valley Hospital
- ☐ The Acadia Hospital
- ☐ The Aroostook Medical Center

Patient Identification Room No.

Known allergies / medication sensitivities:

ED Stroke Ischemic/TIA (With tPA)

Last Known Well Date: _____ and Time: _____

tPA Contraindications ☐ No Known tPA Contraindications	
Contraindications for tPA: ☐ Systolic BP greater than 185 or Diastolic BP greater than 110 mmHg despite one dose of Labetalol 10 mg IV ☐ IV or IA tPA given at outside hospital ☐ Recent trauma or surgery within past 15 days ☐ Recent intracranial or spinal surgery, head trauma, or stroke within past 3 months	☐ Active internal bleeding within past 22 days ☐ History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor ☐ Platelets less than 100,000, PTT greater than 40 sec after Heparin use, or PT greater than 15 or INR greater than 1.7, or known bleeding diathesis ☐ Suspicion of subarachnoid hemorrhage ☐ CT findings of ICH, SAH, or major infarct signs
Relative Contraindications to Discuss with Neurologist ☐ Advanced age ☐ Seizure at onset ☐ Care team unable to determine eligibility ☐ Glucose less than 50 or greater than 400 mg/dL ☐ Pregnancy ☐ MI within past 3 months	☐ Left heart thrombus ☐ Life expectancy less than 1 year or severe comorbid illness or CMO on admission ☐ Increased risk of bleeding due to comorbid conditions ☐ Patient or family refused ☐ Rapid improvement ☐ Stroke severity too mild ☐ Stroke severity too severe

tPA Contraindications for Administration Between 3 to 4.5 Hours		
☐ Age greater than 80 years	☐ Use of anticoagulant(s) prior to presentation	☐ History of prior stroke and diabetes

Admit/Dischg/Transfer

Pre-tPA:

- ☑ Saline Lock Place two 20 gauge IVs.
- ☑ Labetalol (Normodyne) 10 mg IVP Every 10 Minutes, PRN, Hypertension, To keep systolic BP less than 185 or diastolic BP less than 110 mmHg, May increase dose to 20 mg but not to exceed a total max dose = 40 mg
- ☐ Type & Screen Stat ONCE

tPA Administration:

STEP 1: Perform Calculations

1. Mix ALTEplase 100 mg in 100 mL sterile water = 1 mg / 1 mL concentration
2. Calculate Total tPA Dose: Pt weight _____kg x 0.9 mg/kg = _____ mg Total tPA Dose. Max Total tPA Dose = 90 mg (90 mL)
3. Remove excess tPA (mg) from vial = 100 mg – Total tPA Dose mg
4. Calculate Bolus Dose: 0.09 mg/kg x Pt Weight = _____ mg. Max Bolus Dose = 9mg (9mL)
5. Calculate Infusion Dose: 0.81 mg/kg x Pt Weight =_____ mg. Max Infusion Dose = 81 mg (81mL)

STEP 2: Use Calculator to Verify Your Calculations

http://www2.massgeneral.org/stopstroke/tpaDoseCalc.aspx

STEP 3: Enter the ALTEplase (tPA) orders into PowerChart and Verify Calculated Doses:

- ☑ ALTEplase (tPA) 0.09 mg/kg = ____ mg, IVP, BOLUS, Stat, 1 Doses/Times, Remove bolus dose from tPA vial and administer IVP in a syringe over one minute, Max Bolus Dose = 9 mg (9 mL)
- ☑ ALTEplase (tPA) 0.81 mg/kg = ____ mg, IVPB, ONCE, Stat, Infuse over 60 minutes, Max Infusion Dose = 81 mg

100002007

Provider Signature:_____ Print Name: _____

Date: _____ Time: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDERSETS

EMHS
Access to Quality Healthcare

- ☐ Blue Hill Memorial Hospital
- ☐ Charles A. Dean Memorial Hospital
- ☑ Eastern Maine Medical Center
- ☐ Inland Hospital
- ☐ Sebasticook Valley Hospital
- ☐ The Acadia Hospital
- ☐ The Aroostook Medical Center

Patient Identification Room No.

Known allergies / medication sensitivities:

ED Stroke Ischemic/TIA (With tPA)

Post-tPA:

Diet

☑ Stroke Dysphagia Screen Now & Advance to Cardiac Diet per Policy

- Dysphagia Screen: (1) If patient passes the screen, then advance diet as tolerated to Cardiac Diet; (2) If patient fails the screen, patient to remain NPO (Includes oral meds) & nursing to order Speech Therapy Eval & Treatment / Bedside Swallowing.
- NPO, No exceptions, NPO until nursing completes the Dysphagia Screen (Includes oral meds)

Patient Care

☑ Vital Signs Frequent Every 15 minutes for 2 hours, every 30 minutes for 6 hours, then every hour for 16 hours post-tPA

☑ Neuro Checks Frequent Every 15 minutes for 2 hours, every 30 minutes for 6 hours, then every hour for 16 hours post-tPA

☑ Activity Bedrest with head of bed elevated 30 degrees.

☑ Telemetry monitoring per ED policy

☑ Oxygen Nasal Cannula, Maintain O2 sat greater than 94% using appropriate oxygen device

☑ Continuous Pulse Oximetry, Maintain O2 sat greater than 94% using appropriate oxygen device

☑ Notify provider for: (1) Systolic BP greater than 185 or diastolic BP greater than 110 mmHg for 24 hours post-tPA; (2) Pulse greater than 120 or less than 50; (3) If major bleeding or a change in neuro status occurs, discontinue tPA and notify provider

☑ Precautions: Bleeding Precautions for 24 hours post-tPA (1) Place Bleeding Precautions sign over head of bed; (2) Hemoccult/Gastroccult all body fluids; (3) Monitor puncture sites for bleeding; (4) No NG Tube placement or IM injections; (5) No Foley Catheter for 2 hours (preferably for 24 hours); (6) No anticoagulation for 24 hours

Continuous Solutions

☐ Sodium Chloride 0.9% (Bolus) 1000 mL, IVPB, Bolus, 1 Doses/Times, Infuse over 1 hour

☐ Sodium Chloride 0.9% IV Tot Vol: 1000 mL, 100 mL/hr, Soln, IV

Medications

☐ Labetalol (Normodyne) 400 mg / 250 mL D5W (Peripheral) Titrate, Soln, IV, Titrate 0.5 – 2 mg/min to keep systolic BP less than 185 and diastolic BP less than 110 mmHg

☐ NiCARdipine 50 mg/500 mL NS (Peripheral) Titrate, Soln, IV, (1) Start at 2.5 mg/hr and titrate by 2.5 mg/hr increments every 5 to15 minutes to keep systolic BP less than 185 and diastolic BP less than 110 mmHg; (2) Max dose = 15 mg/hr; (3) Hold for pulse less than 60

☐ Nitroprusside (Nipride) 100 mg / 250 mL D5W Titrate, Soln, IV, Titrate to keep systolic BP less than 185 and diastolic BP less than 110 mmHg

Consults

☑ Physician Consult Stroke Neurology: All cases to be discussed with Neurology

100002007

Provider Signature:_____ Print Name: _____

Date: _____ Time: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDERSETS

EMHS
Access to Quality Healthcare

- ☐ Blue Hill Memorial Hospital
- ☐ Charles A. Dean Memorial Hospital
- ☑ Eastern Maine Medical Center
- ☐ Inland Hospital
- ☐ Sebasticook Valley Hospital
- ☐ The Acadia Hospital
- ☐ The Aroostook Medical Center

Patient Identification Room No.

Known allergies / medication sensitivities:

ED Stroke Ischemic/TIA (With tPA)

NIH Stroke Scale		Score
Level of Consciousness: 0 = Alert; keenly responsive. 1 = Not alert, but arousable by minor stimulation to obey, answer, or respond.	2 = Not alert, requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements not stereotyped 3 = Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, areflexic.	
Level of Consciousness Questions: 0 = Answers both questions correctly.	1 = Answers one question correctly. 2 = Answers neither question correctly.	
Level of Consciousness Commands: 0 = Performs both tasks correctly	1 = Performs one task correctly 2 = Performs neither task correctly	
Best Gaze: 0 = Normal	1 = Partial gaze palsy. This score is given when gaze is abnormal in one or both eyes, but where forced deviation or total gaze paresis are not present. 2 = Forced deviation, or total gaze paresis not overcome by the oculocephalic maneuver.	
Visual: 0 = No visual loss 1 = Partial hemianopia	2 = Complete hemianopia 3 = Bilateral hemianopia (blind including cortical blindness)	
Facial Palsy: 0 = Normal symmetrical movement 1 = Minor paralysis (flattened nasolabial fold, asymmetry on smiling)	2 = Partial paralysis (total or near total paralysis of lower face) 3 = Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)	
Motor Arm and Leg: 0 = No drift, limb holds 90 (or 45) degrees for full 10 seconds. 1 = Drift, Limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support.	2 = Some effort against gravity, limb cannot get to or maintain (if cued) 90 (or 45) degrees, drifts down to bed, but has some effort against gravity. 3 = No effort against gravity, limb falls. 4 = No movement 9 = Amputation, joint fusion explain:	Left: Right:
Motor Arm and Leg: 0 = No drift, leg holds 30 degrees position for full 5 seconds. 1 = Drift, leg falls by the end of the 5 second period but does not hit bed.	2 = Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity. 3 = No effort against gravity, leg falls to bed immediately. 4 = No movement 9 = Amputation, joint fusion explain:	Left: Right:
Limb Ataxia: 0 = Absent 1 = Present in one limb 2 = Present in two limbs	If present, is ataxia in Right arm 1 = Yes 2 = No 9 = amputation or joint fusion, explain: Left arm 1 = Yes 2 = No 9 = amputation or joint fusion, explain: Right leg 1 = Yes 2 = No 9 = amputation or joint fusion, explain: Left leg 1 = Yes 2 = No 9 = amputation or joint fusion, explain:	_____ _____ _____ _____
Sensory: 0 = Normal; no sensory loss.	2 = Severe to total sensory loss; patient is not aware of being touched in the face, arm, and leg 1 = Mild to moderate sensory loss; patient feels pinprick is less sharp or is dull on the affected side; or there is a loss of superficial pain with pinprick but patient is aware he/she is being touched.	
Best Language: 0 = No aphasia, normal 1 = Mild to moderate aphasia; some obvious loss of fluency or facility of comprehension, without significant limitation on ideas expressed or form of expression. Reduction of speech and/or comprehension, however, makes conversation about provided material difficult or impossible. For example in conversation about provided materials examiner can identify picture or naming card from patient's response.	2 = Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response. 3 = Mute, global aphasia; no usable speech or auditory comprehension.	
Dysarthria: 0 = Normal 1 = Mild to moderate; patient slurs at least some words and, at worst, can be understood with some difficulty.	2 = Severe; patient's speech is so slurred as to be unintelligible in the absence of or out of proportion to any dysphasia, or is mute/anarthric. 9 = Intubated or other physical barrier, explain:	
Extinction and Inattention (formerly Neglect): 0 = No abnormality. 1 = Visual, tactile, auditory, spatial, or personal inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities.	2 = Profound hemi-inattention or hemi-inattention to more than one modality. Does not recognize own hand or orients to only one side of space.	
Distal Motor Function: 0 = Normal (No flexion after 5 seconds) 1 = At least some extension after 5 seconds, but not fully extended. Any movement of the fingers which is not command is not scored.	2 = No voluntary extension after 5 seconds. Movements of the fingers at another time are not scored. a. Left Arm b. Right Arm	 ____ ____
	Total Score	

100002007

Provider Signature:_____ Print Name: _____

Date: _____ Time: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDERSETS

Revised February 2012