

## “TIME IS BRAIN”

**AIM** is to have all patients in CT scanner within **30 minutes** of arrival in Emergency Department

SENIOR DOCTOR	NURSING STAFF	JUNIOR DOCTOR
<ul style="list-style-type: none"> <li>• Quick assessment to consider if suitable for thrombolysis                             <ul style="list-style-type: none"> <li>○ Time of onset</li> <li>○ Age</li> <li>○ Premorbid condition</li> <li>○ Contraindications</li> <li>○ Severity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• FAST +ve patient? → senior doctor call → Resus room 1</li> <li>• <b>Weigh</b> patient and record in the nursing record</li> <li>• Basic <b>observations</b></li> <li>• Blood <b>sugar</b></li> <li>• Leave in own clothing for scan (unless soiled)</li> </ul> <p style="color: red; text-align: center;"><b>NO</b></p> <ul style="list-style-type: none"> <li>• Need for a routine ECG</li> <li>• Need for pressure ulcer assessment or undressing</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>INFORM</b> nursing staff of decision</li> <li>• <b>In hours:</b> bleep 4660 for stroke on call, and phone CT scan on 35071</li> <li>• <b>Out of hours:</b> 2222 ‘BRAIN ATTACK’ call</li> <li>• Complete documentation whilst up in CT</li> </ul>	<ul style="list-style-type: none"> <li>• Call porter as soon as decision made for CT</li> <li>• Take original notes to CT and complete in scan, photocopy at x-ray reception</li> </ul>	<ul style="list-style-type: none"> <li>• Place <b>cannula</b></li> <li>• Take off <b>bloods</b> and order under ‘stroke bloods’ on ICE. <b>Purple, gold</b> and <b>blue</b> tubes (phone lab for urgent INR if on warfarin)</li> <li>• <b>Order CT</b> scan on ICE.</li> </ul>

Assessment

Action

Appendix 4: New stroke assessment paperwork: pages 1 &2

**"BRAIN ATTACK' PATIENT PROFORMA**



Standby? YES/NO  
 Time of **first** assessment by senior doctor:  
 Time of stroke **onset**:  
 Is this a 'wake up stroke? YES/NO

Patient Name:  
 CHI:

Brief History:

NIHSS score: Weight:  
 Other significant examination findings:

Was there any delay in getting to CT scan?  
 (if yes - document reason)

Radiologist provisional report:

Any contraindications? (see laminated pack)  
 Verbal consent for thrombolysis from patient? YES/NO Risks explained? YES/NO  
 (If not possible, may use adults with incapacity act, but with duty consultant)  
 Grade and Name of Doctor Taking Clinical Responsibility:

IV Alteplase Prescription	Signed	Prepared by	Given by	Time Commenced
Alteplase bose dose mg				
Alteplase Infusion mg				

Bolus should be administered by hand over 2 minutes. Infusion rate is same as dose in mg. Delivered over 60 min

National Institutes of Health Stroke Scale (NIHSS)			Base	2h	24h	7d
<b>1a</b> Level of consciousness (LOC)	0	Alert - keenly responsive				
	1	Drowsy - rousable by minor stimulation to obey				
	2	Stuporous- requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements (not stereotyped)				
	3	Comatose - responds only with reflex motor or autonomic effects or totally unresponsive, flaccid				
<b>1b</b> LOC Questions	0	Answers both correctly				
	1	Answers one correctly	<i>Patient is asked to state the month &amp; his/her age</i>			
	2	Both incorrect				
<b>1c</b> LOC Commands	0	Obeys both correctly	<i>Patient is asked to open &amp; close eyes, grip &amp; release normal hand</i>			
	1	Obeys one correctly				
	2	Both incorrect				
<b>2</b> Best Gaze	0	Normal				
	1	Partial gaze palsy - gaze is abnormal in one or both eyes				
	2	Forced deviation - or total gaze paresis not overcome by oculocephalic manoeuvre				
<b>3</b> Visual Fields	0	No visual loss (or in a coma)				
	1	Partial hemianopia				
	2	Complete hemianopia				
	3	Bilateral hemianopia including cortical blindness				
<b>4</b> Facial Palsy	0	Normal				
	1	Minor flattened nasolabial fold, asymmetry on smiling				
	2	Partial total or near total paralysis of lower face				
	3	Complete absent facial movement in upper and lower face				
<b>5</b> Best Motor RIGHT ARM	0	No drift holds limb at 90 degrees for full 10 seconds				
	1	Drift drifts down but does not hit bed				
	2	Some effort against gravity				
	3	No effort against gravity				
	4	No movement				
<b>6</b> Best Motor LEFT ARM	0	No drift holds limb at 90 degrees for full 10 seconds				
	1	Drift drifts down but does not hit bed				
	2	Some effort against gravity				
	3	No effort against gravity				
	4	No movement				
<b>7</b> Best Motor RIGHT LEG	0	No drift holds limb at 45 degrees for full 5 seconds				
	1	Drift drifts down but does not hit bed				
	2	Some effort against gravity				
	3	No effort against gravity				
	4	No movement				
<b>8</b> Best Motor LEFT LET	0	No drift holds limb at 45 degrees for full 5 seconds				
	1	Drift drifts down but does not hit bed				
	2	Some effort against gravity				
	3	No effort against gravity				
	4	No movement				
<b>9</b> Limb Ataxia	0	Absent (or in a coma)	<i>Ataxia is not usually present when weakness is present</i>			
	1	Present in 1 limb				
	2	Present in 2 or more limbs				
<b>10</b> Sensory	0	Normal				
	1	Partial loss patient feels pinprick is less sharp or is dull on affected side				
	2	Dense loss (or in a coma) patient is unaware of being touched on face, arm or leg				
<b>11</b> Best Language	0	No dysphasia				
	1	Mild moderate dysphasia obvious loss of fluency or comprehension, without significant limitation on ideas expressed or form of expression. Makes conversation about provided material difficult or impossible e.g. examiner can identify picture or naming card from patients response				
	2	Severe dysphasia all communication is through fragmentary expression: great need for inference, questioning and or guessing by the listener who carries burden of communication. Examiner cannot identify materials provided from patient response				
	3	Mute no useable speech or auditory comprehension, or in a coma				
<b>12</b> Dysarthria	0	Normal articulation				
	1	Mild moderate dysarthria patient slurs some words can be understood with difficulty				
	2	Unintelligible or worse speech is so slurred as to be unintelligible (absence of or out of proportion to dysphasia) or is mute/anarthric, or in a coma				
<b>13</b> Neglect	0	No neglect (or in a coma)				
	1	Partial neglect - visual tactile, auditory, spatial or personal inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities				
	2	Complete neglect- profound hemi attention/ inattention to more than one modality.				

Total: