





**Social History: IF FULLY INDEPENDENT AND NO CONCERNS, PLEASE TICK HERE [ ]****Occupation:****Accommodation:** Nursing Home/Residential/Rest/Care Home/Supported Accommodation/Own Home/Other Lives alone?**Carer(s)/POC:****Mobility:** Tendency to Fall: Y/N; Stairs at home: Y/N; No. of Falls/12 months \_\_\_\_\_; Mobility Aids:**Driving:****Premorbid State: Modified Rankin Score (mRS)**

Score	Description
0	No symptoms at all
1	No significant disability despite symptoms: able to carry out all usual duties and activities
2	Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
3	Moderate disability: requiring some help but able to walk without assistance
4	Moderately severe disability: unable to walk without assistance and unable to attend to own bodily needs without assistance
5	Severe disability: bedridden, incontinent, and requiring constant nursing care and attention
6	Dead
<b>Total Score (0-6):</b> _____/6	

**NIH Stroke Score (please circle as appropriate)**

<b>Level of consciousness</b>	0 Alert 1 Drowsy 2 Stuporous 3 Comatose	<b>Best motor leg</b> L ____ R ____	0 No drift 1 Drift 2 Cannot resist gravity 3 No effort against gravity 4 No movement
<b>Questions</b>	0 Answers both correctly 1 Answers one correctly 2 Answers neither correctly	<b>Ataxia</b>	0 Absent 1 One limb 2 Two limbs
<b>Commands</b>	0 Performs both tasks correctly 1 Performs one task correctly 2 Performs neither task	<b>Sensory</b>	0 Normal 1 Mild-moderate loss 2 Severe-total loss
<b>Best gaze</b>	0 Normal 1 Partial gaze palsy 2 Forced deviation	<b>Language</b>	0 Normal 1 Mild to moderate dysphasia 2 Severe dysphasia 3 Mute, global aphasia
<b>Visual fields</b>	0 No visual loss 1 Partial hemianopia 2 Complete hemianopia 3 Bilateral hemianopia (blind)	<b>Dysarthria</b>	0 Normal 1 Mild-moderate 2 Severe
<b>Facial palsy</b>	0 Normal 1 Minor paralysis 2 Partial paralysis 3 Complete paralysis	<b>Neglect</b>	0 No neglect 1 Partial neglect 2 Complete neglect
<b>Best motor arm</b> L ____ R ____	0 No drift 1 Drift 2 Cannot resist gravity 3 No effort against gravity 4 No movement	<b>Total score (0-42)</b> _____	

**AMTS**

<b>Age</b>		<b>Recognise 2 people</b>	
<b>Date of birth (Date/month)</b>		<b>Year WWII ended</b>	
<b>Year</b>		<b>Name of monarch</b>	
<b>Time (nearest hour)</b>		<b>Count backwards from 20-1</b>	
<b>Ask to remember 42 west street</b>	N/A	<b>Address recall (42 West Street)</b>	
<b>Name of hospital</b>		<b>Total Score (0-10):</b>	____/10

Name:

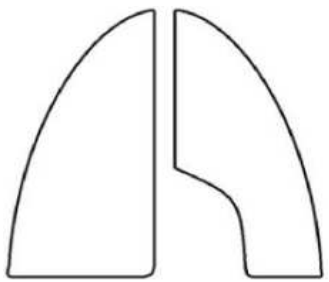
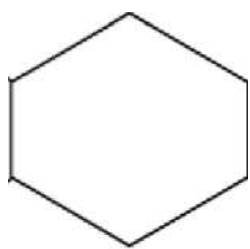
DOB:

Hospital No.

**General Examination**

Weight:

Height:

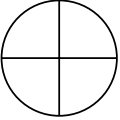
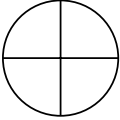
NEWS	T	HR	BP	RR	O2 Sats
<b>Airway and C-Spine:</b>					
<b>Breathing:</b>  Breath Sounds: RR: Sats:			<b>Circulation</b> BP: HR: _____ bpm Heart sounds: CRT: JVP: Oedema: Hydration: Pacemaker/ICD: Carotid bruit - Right: - Left: Peripheral Pulses: Calves: Urine Output: BM:		
<b>Abdomen</b>  PR:			Genitalia:		
<b>Neurological Assessment</b> <b>Glasgow Coma Scale Score</b> /15					
<u>Eye Opening</u> None                      1 To pain                      2 To sound                      3 Spontaneously                      4		<u>Verbal</u> No verbal response                      1 Incomprehensible Sounds                      2 Inappropriate Words                      3 Confused                      4 Oriented                      5		<u>Motor</u> None                      1 Extend to pain                      2 Abnormal flexion to pain                      3 Withdraws from pain                      4 Localises pain                      5 Obeys commands                      6	
<b>Handedness:</b> L Handed _____ R Handed _____ Both _____ Not known _____					
<b>Communication</b> Can the patient communicate normally? Yes/No If not: <u>Dysarthria</u> ? Yes/No <u>Dysphasia</u> ? Yes/No: Expressive[ ] Receptive[ ] Other[ ]					

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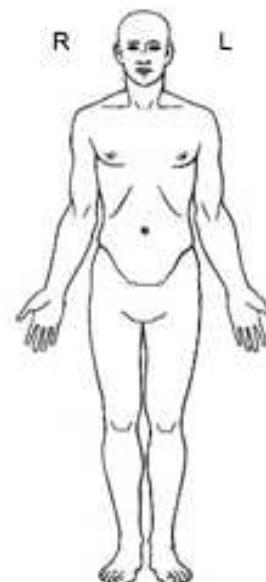
**Further neurological assessment****Cranial Nerves**

	Right	Left
<b>I (Smell)</b>		
<b>II (Optic Nerve)</b> Visual fields  Visual Acuity: Pupillary reflexes: Fundoscopy:		
<b>III/IV/VI (Eye movements)</b>		
<b>V (Trigeminal)</b> Sensory: Motor:		
<b>VII (Facial)</b>		
<b>VIII (Hearing)</b>		
<b>IX/X (Palate)</b> Uvula, cough, swallow		
<b>XI (Sternomastoids)</b>		
<b>XII (Tongue)</b>		

**Visuospatial** (e.g. neglect, sensory or visual inattention, agnosia etc.):

**Is there evidence of dysfunction?**

Yes/No  
(please circle)

**Peripheral System**

	Right	Left
<b>UPPER LIMB</b>		
<b>Tone</b>		
<b>Power (MRC 0-5)</b>		
<b>Reflexes* (-/+ /++ /+++ /C )</b>		
<b>Sensation</b> Light touch Pin-Prick Vibration Joint position		
<b>Coordination</b>		
<b>LOWER LIMB</b>		
<b>Tone</b>		
<b>Power (MRC 0-5)</b>		
<b>Reflexes* (-/+ /++ /+++ /C )</b>		
<b>Sensation</b> Light touch Pin-Prick Vibration Joint position		
<b>Coordination</b>		

**Gait**

**Can the patient sit/stand/walk?**

(please circle)

**Is gait normal/ unsteady/ataxic/ unable to assess?**

(please circle)

**Walking aids?**

\*REFLEXES: -= Absent, += with potentiation, ++= Normal, +++= Increased, C= with clonus

Name:

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**Investigations**

Please request the following blood tests: FBC, U+Es, CRP, LFTs, Clotting Profile (+/-INR) Glucose, Lipid Profile, Bone Profile, Mg, TFTs, B12/Folate (Stroke Panel on AllScripts).

Blood Results		
Bloods	Baseline	Day 1
Date:		
Hb		
WCC		
PLTs		
Neut		
Na		
K		
Cr		
eGFR		
Urea		
Alb		
Bili		
ALT		
Alk Phos		
CRP		
PT		
APTT		
INR		
Glucose		
Total Cholesterol		
Calcium		
Magnesium		
Phosphate		
B12		
Folate		
TSH		
T4		
ESR		
Other		

ECG
Chest X-ray
CT Head
<p><b>ANY CONTRAINDICATIONS TO MRI?</b>  Pacemaker, Aneurysm clips, heart valve,  cardiac stent, other  Please specify:</p>

Other investigations (e.g. CT Angio/CT Perfusion Study/MRI head)

Name:

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**Summary of History, Examination and Neurological Deficit:**

PC:	
History:	
Neurovascular Risk Factors:	
Examination:	
NIH Stroke Score: Discussed with on call Consultant Dr: Time discussed:	
Summary of Discussion:	
Thrombolysed (please circle): Y/N If yes, what time?	
How certain is the diagnosis of stroke? (please circle): Definite/Probable/Possible/Other Diagnosis: Bamford Classification (please circle): TACS/PACS/LACS/POCS	
Plan:	
VTE prophylaxis prescribed:	
<b>Date:</b> <b>Time:</b>	<b>Signature:</b> <b>Bleep:</b>

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**Stroke Team First Review/Post Take Ward Round**

<b>Name of Consultant :</b>					
<b>Date :</b>					
<b>Time :</b>					
<b>Patient Age:</b>					
<b>M/F:</b>					
<b>Observations:</b>					
<b>NEWS</b>	<b>Temp</b>	<b>HR</b>	<b>BP</b>	<b>RR</b>	<b>O2 Sats</b>
<b>Presenting Complaint:</b>					
<b>Diagnosis:</b>					
<b>Neurovascular Risk Factors:</b>					

**Ward Round Review**

<b>History:</b>
<b>Examination:</b>

Name:

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<b>Investigations and imaging:</b>	
<b>VTE Prophylaxis:</b>	
<b>BMs within range? (5-15mmol/L)</b>	
<b>BP Targets</b> <b>Ischaemic Stroke: =&lt;180/90</b> <b>Hemorrhagic Stroke: =&lt;140/80 within 1 hour</b>	
<b>Plan:</b>	
<b>Date:</b> <b>Time:</b>	<b>Signature:</b> <b>Bleep:</b>

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