



NEUROLOGICAL FLOW SHEET

Date: _____

Patient Weight: _____ (kg) tPA Dose: _____ (maximum 90 milligrams IV)

tPA bolus time: _____ tPA Infusion start time: _____ tPA Infusion stop time: _____

If tPA given document baseline assessment, every 15 min x 2 hours, every 30 min x 6 hours, every 1 hour x 18 hours

- KEY:**
- | | | | | | | | |
|--|---|---|--|---|---|---|--|
| LOC
A = Alert
L = Lethargic
C = Confused
U = Unresponsive | Pupils
BR = Brisk
SL = Sluggish
NR = Non reactive | Mvmt.
MAE
F = Flaccid
W = Weak
D = Drift | Hand Grasps (HG)
= Equal
R > L
L > R
A = Absent | Push/Pull
= Equal
R > L
L > R
A = Absent | Symmetry
S = Symmetrical
LD = Lt Droop
RD = Rt Droop
TL = Tongue Left
TR = Tongue Right | Speech
C = Clear
G = Garbled
I = Incomprehensible
A = Absent | Adverse Events
STOP tPA Immediately.
HA = Headache
N = Nausea
V = Vomiting |
|--|---|---|--|---|---|---|--|

Assessment Time	BP	MAP	HR	RR	Temp	Sat	Pain	LOC	Pupils	Mvmt.	HG	Push/Pull	Symmetry	Speech	Adverse Events STOP tPA Immediately.	Initials

Assessment Time	BP	MAP	HR	RR	Temp	Sat	Pain	LOC	Pupils	Mvmt.	HG	Push/Pull	Symmetry	Speech	Adverse Events STOP tPA Immediately.	Initials

Signature: _____ Initials: _____	Signature: _____ Initials: _____	
Signature: _____ Initials: _____	Signature: _____ Initials: _____	
Signature: _____ Initials: _____	Signature: _____ Initials: _____	

