

Care of the Stroke Patient

Upon admission, record a baseline neurological assessment that includes:

- a. Glasgow Coma Scale (eye opening, motor response, and verbal response)
- b. Pupil size and reaction
- c. Strength and symmetry of extremity movements
- d. Presence and symmetry of sensation
- e. NIHSS for all hemorrhagic and Ischemic Strokes 1000 and 2200
- f. Maintain NPO status (including PO medications) on all stroke patients until evaluated by Speech and Swallow or via the Nursing Aspiration Tool and Assessment tool in Epic

Patients that receive tPA have specific vital signs and neurological

- ⇒ VS and Neuro checks q15 min for 2 hours
- ⇒ Then q30 min x 2 hours
- ⇒ Then q1 hour for 16 hours

All stroke patients must have stroke education documented.