

# PATIENT'S NOTES

History and Physical  
Brain Attack – Stroke

040527.01

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Name

Hospital #

Date

Sex

Age

Dr.

Service

Division

Rm No

Date and Time:

Current inpatient at UHC:

**Chief complaint:**

Consultation per \_\_\_\_\_ service

Admitted through ED (see also below)

Transferred from another acute care hospital

**History of acute illness:**

Admit from chronic care/SNF/rehab facility

Admit from home

Other

**Time course:**

onset of symptoms:

- Witnessed
- Self-reported
- Awoke with sx
- Sx while awake

Is time of onset when pt last known normal?  Yes  No

**Arrival mode:**

Time arrived at other ED:

- EMS from scene to ED
- Private/walk-in to ED
- EMS hosp trfr to ED
- Did not present via ED

Time arrived at UH ED:

Time first seen by ED MD:

**Functional status prior to current presentation (modified Rankin scale):**

0  No symptoms

1  No significant disability

2  Slight disability

3  Moderate disability

4  Moderately severe disability

5  Severe disability

<p><b>Past medical history:</b></p> <p>Yes    no</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior TIA or stroke</p> <p><input type="checkbox"/> <input type="checkbox"/> Carotid stenosis</p> <p><input type="checkbox"/> <input type="checkbox"/> CAD/prior MI/angina</p> <p><input type="checkbox"/> <input type="checkbox"/> Atrial fibrillation</p> <p><input type="checkbox"/> <input type="checkbox"/> Valvular heart disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Prosthetic heart valve</p> <p><input type="checkbox"/> <input type="checkbox"/> CHF</p> <p><input type="checkbox"/> <input type="checkbox"/> Peripheral vascular disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> <input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> <input type="checkbox"/> Hyperlipidemia</p> <p><input type="checkbox"/> <input type="checkbox"/> Renal insufficiency</p> <p><input type="checkbox"/> <input type="checkbox"/> Sedentary lifestyle</p> <p><input type="checkbox"/> <input type="checkbox"/> Obesity</p> <p><input type="checkbox"/> <input type="checkbox"/> GI bleeding</p>	<p><b>Allergies:</b></p> <hr/> <p><b>Medications at home:</b></p> <p><input type="checkbox"/> Anticoagulants/ Antiplatelets</p> <hr/> <p><input type="checkbox"/> Antihypertensives</p> <hr/> <p><input type="checkbox"/> Cholesterol reducers</p> <hr/> <p><input type="checkbox"/> Diabetes medication</p> <hr/> <p><input type="checkbox"/> Other</p> <hr/>
<p><b>Review of systems:</b></p> <p>pos    neg</p> <p><input type="checkbox"/> <input type="checkbox"/> Constitutional</p> <p><input type="checkbox"/> <input type="checkbox"/> Psychiatric</p> <p><input type="checkbox"/> <input type="checkbox"/> Eyes</p> <p><input type="checkbox"/> <input type="checkbox"/> ENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Cardiovasc</p> <p><input type="checkbox"/> <input type="checkbox"/> Respiratory</p> <p><input type="checkbox"/> <input type="checkbox"/> GI</p> <p><input type="checkbox"/> <input type="checkbox"/> GU</p> <p><input type="checkbox"/> <input type="checkbox"/> Musculoskeletal</p> <p><input type="checkbox"/> <input type="checkbox"/> Integument</p> <p><input type="checkbox"/> <input type="checkbox"/> Heme/Lymphatic</p> <p><input type="checkbox"/> <input type="checkbox"/> Allergic/Immunologic</p> <p><input type="checkbox"/> <input type="checkbox"/> Endocrine</p>	<p><b>Family history:</b></p> <p>yes    no</p> <p><input type="checkbox"/> <input type="checkbox"/> Stroke at young age</p> <p><input type="checkbox"/> <input type="checkbox"/> Coronary artery disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p> <hr/> <p><b>Social History:</b></p> <p>yes    no</p> <p><input type="checkbox"/> <input type="checkbox"/> Smoking in past year</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol - occasional</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol - regularly</p> <p><input type="checkbox"/> <input type="checkbox"/> Drug abuse</p>

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**General Physical Examination:**

BP: /	Resp:	
HR:	Wt:	Ht:
Temp:	O <sub>2</sub> sat	% on

**Neurologic exam:**

Level of consciousness:

alert 0  
drowsy 1  
stuporous 2  
comatose 3

Best language:

no aphasia 0  
mild-mod aphasia 1  
severe aphasia 2  
mute 3

LOC question:

both correct 0  
one correct 1  
neither correct 2

Dysarthria:

normal 0  
mild-moderate 1  
unintelligible 2

LOC commands:

obeys both 0  
obeys one 1  
obeys neither 2

Best gaze:

normal 0  
partial gaze palsy 1  
forced deviation 2

Visual field:

no visual loss 0  
partial HH 1  
complete HH 2  
bilateral 3

Neglect:

none 0  
partial 1  
complete 2

Facial paresis:

normal 0  
minor paresis 1  
complete UMN 2  
complete LMN 3

Left upper extremity:

no drift (10 sec) 0  
drift 1  
effort vs gravity 2  
no effort vs gravity 3  
no movement 4

Right upper extremity:

no drift (10 sec) 0  
drift 1  
effort vs gravity 2  
no effort vs gravity 3  
no movement 4

Left lower extremity:

no drift (5 sec) 0  
drift 1  
effort vs gravity 2  
no effort vs gravity 3  
no movement 4

Right lower extremity:

no drift (5 sec) 0  
drift 1  
effort vs gravity 2  
no effort vs gravity 3  
no movement 4

Limb ataxia:

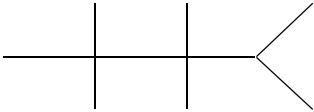
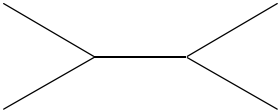
absent 0  
present 1 limb 1  
present 2 limbs 2

Sensory:

absent 0  
partial loss 1  
dense loss 2

Total NIHSS score:

--

<b>Imaging studies:</b>	CT scan ... time done	@ OSH	@ UHC
	initial CT old disease:		
	initial CT new disease:		
	MRI scan ... time done	@ OSH	@ UHC
	MRI result:		
	circulation territory:		
<b>Labs:</b>			PT PTT INR
Total cholesterol:	Hgb A1C:		
Triglycerides:		Ca	
HDL:	CPK:	Mg	
LDL:	Troponin:	PO <sub>4</sub>	
<b>EKG:</b>			
<b>CXR:</b>			
<b>Thrombolytic Therapy Decision:</b>	<input type="checkbox"/> None	<input type="checkbox"/> IV	<input type="checkbox"/> IA
If not, why not:			
<input type="checkbox"/> Delay in patient arrival (>3 hrs after onset of stroke symptoms)		<input type="checkbox"/> Hx of ICH, brain aneurysm, vasc malformation, or brain tumor	
<input type="checkbox"/> Other time delay		<input type="checkbox"/> age	
<input type="checkbox"/> Uncontrolled hypertension		<input type="checkbox"/> active internal bleeding (<22 days)	
<input type="checkbox"/> Rapid improvement		<input type="checkbox"/> platelet count < 100,000	
<input type="checkbox"/> CT findings		<input type="checkbox"/> abnormal PTT or PT	
<input type="checkbox"/> Stroke severity - too mild		<input type="checkbox"/> glucose <50mg/dL or >400mg/dL	
<input type="checkbox"/> Stroke severity - too severe		<input type="checkbox"/> no IV access	
<input type="checkbox"/> Seizure at onset		<input type="checkbox"/> life expectancy <1 yr or severe co-morbid illness	
<input type="checkbox"/> Recent surgery/trauma (<15 days)		<input type="checkbox"/> IV t-PA given at outside hospital prior to transfer	
<input type="checkbox"/> Recent intracranial surgery, head trauma, or stroke (3 months)		<input type="checkbox"/> Investigational protocol instead of IV t-PA	
<input type="checkbox"/> Patient/family refused (eg DNR/CMO)		<input type="checkbox"/> Other reason	
<input type="checkbox"/> Consent not obtainable		<input type="checkbox"/> Not documented	
<b>Therapy, if not tPA:</b>			



<b>Assessment:</b>	<input type="checkbox"/> Check here if <i>not</i> acute ischemic stroke
	Co-morbid conditions:
	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Hyperlipidemia
	<input type="checkbox"/> Other (list) ...
<b>Plan</b> (check relevant items and specify):	
<input type="checkbox"/> Antiplatelet agent	<input type="checkbox"/> Screening for dysphagia prior to oral intake
<input type="checkbox"/> Anticoagulation	<input type="checkbox"/> DVT prophylaxis
<input type="checkbox"/> Neuroprotective measures	<input type="checkbox"/> GI prophylaxis
BP	<input type="checkbox"/> Aspiration precautions
Glucose	<input type="checkbox"/> PT/OT/ST
Temperature	
	<input type="checkbox"/> Goal LDL < 100
<input type="checkbox"/> Further studies (specify) ...	<input type="checkbox"/> Counseling re risk factor modification
	<input type="checkbox"/> Information sheet given to patient
ER resident:	Brain attack attending:
Ward resident:	Ward or consult attending:
Senior resident:	if BAT ... fax to 4-7443

MD Signature: \_\_\_\_\_

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## Summary of hospital course and follow-up:

Admit date:

NIHSS @ admission:

Discharge date:

NIHSS @ 24hrs:

NIHSS @ discharge:

### Final diagnosis:

- |  |  |
|--|--|
| <input type="checkbox"/> Ischemic stroke | If ischemic:   |
| <input type="checkbox"/> TIA             | <input type="checkbox"/> cardioembolism                      |
| <input type="checkbox"/> SAH             | <input type="checkbox"/> Small vessel dz                     |
| <input type="checkbox"/> ICH             | <input type="checkbox"/> Large artery atherosclerosis        |
| <input type="checkbox"/> Uncertain type  | <input type="checkbox"/> Stroke of other determined etiology |
|  | <input type="checkbox"/> Stroke of uncertain etiology        |

### Narrative summary:

### Complications during hospital course:

- Intracranial hemorrhage
- GI bleeding
- GU bleeding
- Pneumonia (treated? Yes/No)

### Discharge functional status:

- Able to ambulate alone (with or without device)
- Ambulate with assist from other person(s)
- Not able to ambulate

### Discharge destination:

- |  |   |
|--|---|
| <input type="checkbox"/> 01: discharged to home or self care (routine)                     | <input type="checkbox"/> 20: expired (or did not recover - Christian Science pt)          |
| <input type="checkbox"/> 02: to another short term general hospital for inpatient care     | <input type="checkbox"/> 41: expired in medical facility (eg hospital, SNF, ICF, hospice) |
| <input type="checkbox"/> 03: to skilled nursing facility (SNF) with medicare certification | <input type="checkbox"/> 50: hospice - home   |
| <input type="checkbox"/> 04: to an intermediate care facility (ICF)                        | <input type="checkbox"/> 51: hospice - medical facility                                   |
| <input type="checkbox"/> 05: to another type of institution for inpatient care             | <input type="checkbox"/> 61: within this institution to medicare approved swing bed       |
| <input type="checkbox"/> 06: to home under care of home health service organization        | <input type="checkbox"/> 62: to inpatient rehab facility (IRF)                            |
| <input type="checkbox"/> 07: left against medical advice or discontinued care              | <input type="checkbox"/> 63: to medicare certified long term care hospital (LCTH)         |
| <input type="checkbox"/> 08: to home under care of home IV drug therapy provider           | <input type="checkbox"/> 64: to nursing facility Medicaid not medicare                    |

**DVT prophylaxis:**Patient ambulating without assistance from another person on 2<sup>nd</sup> day?

- Yes  
 No

If patient not ambulating, was DVT prophylaxis (heparin, heparinoids, other anticoagulants, TEDs, SCDS) initiated by 2<sup>nd</sup> hospital day?

- Yes  
 No  
 Not applic - patient ambulating

Antiplatelet/anticoagulation given within ...

FIRST 24 hrs

FIRST 48 hrs

AFTER 48 hrs

yes / no

yes / no

yes / no

If yes, check all appropriate:

- Coumadin  
 Unfractionated heparin SQ  
 Unfractionated heparin IV  
 LMW heparin  
 Lovenox  
 ASA (75-325mg)  
 Ticlid (ticlopidine)  
 Plavix (clopidogrel)  
 Persantine (dipyridamole)  
 Other (specify)

If not, why not:

- Hemorrhagic stroke  
 Current peptic ulcer disease  
 Intracranial surgery or biopsy  
 Refused treatment  
 Terminal comfort care  
 Other (specify)

**Treatment for atrial fibrillation:**

if a-fib documented, was pt discharged on anticoag?

- Yes  
 No

If not, give reason ...

- Risk for bleeding  
 Risk for falls  
 Mental status  
 Liver disease  
 Terminal illness  
 Patient refused, did not want risk  
 Patient refused, reason not specified  
 Discontinued due to bleeding  
 On ASA as regular medication  
 Arthritis requiring NSAIDs or ASA  
 Other

**Antithrombotic treatment at discharge:**

- Yes  
 No

If yes, check all appropriate:

- Coumadin  
 Unfractionated heparin SQ  
 Unfractionated heparin IV  
 LMW heparin  
 Lovenox  
 ASA (75-325mg)  
 Ticlid (ticlopidine)  
 Plavix (clopidogrel)  
 Persantine (dipyridamole)  
 Other (specify)

... Discharge medications ...

**Treatment for hypertension**

- None prescribed  
 None - contraindicated  
 ACE inhibitors  
 ARB  
 Beta blockers  
 Ca++ blockers  
 Diuretics  
 Other anti-hypertensives  
 Anti-hypertensive diet

**Cholesterol reducing treatment**

- None prescribed  
 None - contraindicated  
 Statin  
 Fibrate  
 Low cholesterol diet (eg, TLC)  
 Other

**Treatment for diabetes**

- None prescribed  
 None - contraindicated  
 Insulin  
 Oral agents  
 ADA diet

**Other lifestyle interventions:**

- Smoking - no intervention  
 Smoking - counseling  
 Smoking - medication  
 Weight loss - no intervention  
 Weight loss recommended  
 Increased activity recommended  
 Not applicable

**MD Signature:** \_\_\_\_\_