Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Stroke/TIA Consult
History and Physical Assessment

Demographics

Location: ☐ Emergency Department ☐ In patient Unit | **Type**: ☐ Code stroke ☐ Consult

Age: **Sex**: ☐ Male ☐ Female | **Arrival**: ☐ EMS ☐ Walk-in ☐ In-patient ☐ Transfer from other hospital

Baseline modified Rankin Score:

0 - No symptoms.
1 - No significant disability. Able to carry out all usual activities, despite some symptoms.
2 - Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities.
3 - Moderate disability. Not able to live independently, but able to walk unassisted (can use walking aids such as walker or cane).
4 - Moderately severe disability. Unable to attend to own bodily needs without assistance, and unable to walk unassisted.
5 - Severe disability. Requires constant nursing care and attention, bedridden, incontinent.

Living situation:
☐ Home ☐ Retirement home
☐ Nursing home ☐ Rehab
☐ Other hospital

Past Medical History

☐ Diabetes ☐ Hypertension
☐ Dyslipidemia
☐ Migraine ☐ Epilepsy ☐ Dementia
☐ TIA ___________ (yyyy/mm/dd)
☐ Ischemic stroke __________ (yyyy/mm/dd)
☐ Hemorrhagic stroke ________ (yyyy/mm/dd)
☐ Atrial fibrillation / Atrial flutter
☐ Coronary artery disease
☐ CABG ☐ Cardiac stent
☐ Mechanical valve
☐ Congestive heart failure
☐ Pacemaker / Defibrillator / Loop

☐ Sleep Apnea ☐ CPAP
☐ COPD
☐ Renal disease ☐ Dialysis
☐ Peripheral arterial disease
☐ Depression
☐ Anxiety
Other:
____
____
____
____
____
____

Medications

☐ Antiplatelet:_____________
☐ Anticoagulant:___________
☐ Others:
____
____
____
____
____
____

Smoking: ☐ Nonsmoker ☐ Ex-Smoker, quit ___ ☐ Current smoker:__ Pk/yr:__
Alcohol: ☐ Low risk ☐ Moderate to high risk Low risk :Male < 3/d or 15/wk ; Female < 2/d or <10/wk
Substance use: ☐ Marijuana ☐ Others:

Adverse reactions / Allergies:

History & Physical Examination

Symptom onset/Last known well :(yyyy/mm/dd) (hhmm):

NIHSS

NIHSS	
1a. Level of Consciousness(0-3)	
1b. LOC Questions (0-2)	
1c. LOC Commands (0-2)	
2. Best Gaze (0-2)	
3. Visual Fields (0-3)	
4. Facial Palsy (0-3)	
5a. Motor Left Arm (0-4)	
5b. Motor Right Arm (0-4)	
6a. Motor Left Leg (0-4)	
6b. Motor Right Leg (0-4)	
7. Limb Ataxia (0-2)	
8. Sensory (0-2)	
9. Best Language (0-3)	
10. Dysarthria (0-2)	
11. Extinction & Inattention (0-2)	
Total Score (1-42)	

HR (bpm): BP (mmHg): Glucose (mmol/L): RR (rpm): SpO2: Temp (^oC):

Neurological Examination

Systemic Examination

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Imaging / Labs:

☐ CT Head

ASPECTS score:___/10

☐ CTP:

☐ Normal

☐ Abnormal

Core:____ Penumbra:____

☐ MRI:

☐ CTA

☐ No occlusion seen

☐ Large vessel occlusion:

☐ ICA ☐ M1 ☐ M2 ☐ ACA

☐ Vertebral ☐ Basilar ☐ PCA

☐ Carotid stenosis:

☐ < 50% ☐ Right ☐ Left

☐ > 50 % ☐ Right ☐ Left

☐ High risk plaque: ☐Right ☐Left

☐ Arch disease

☐ Intracranial Atherosclerosis

Creat: eGFR: Na: K:	Hb: WBC: Platelets: PT: INR:
ECG:	

Resident Impression:

Print Name	Designation	Signature	Date (yyyy/mm/dd)	Time (hhmm)

Staff Impression:

☐ Ischemic stroke

☐ Transient ischemic attack

☐ Hemorrhagic stroke Location: ☐ Lobar ☐ Deep Etiology: ☐ HTN ☐ CAA ☐ Anti-coagulation ☐ Other

☐ Stroke mimic: ☐ Migraine ☐ Seizure ☐ Hypoglycemia ☐ Peripheral vertigo ☐ Others:

Plan:

☐ Thrombolysis Bolus given at (hhmm)_____________________by ____

☐ Endovascular thrombectomy (Staff to complete EVT worksheet)

☐ Medical treatment:

Note:

Disposition: ☐ Admit ☐ Discharge ☐ Repatriate ☐ Consult other Service ☐ Will follow (inpatient consult)

Investigations : ☐ Echo ☐ Holter ☐ MRI ☐ Other:

Print Name	Designation	Signature	Date (yyyy/mm/dd)	Time (hhmm)