Stroke DNV POC 2025

NIHSS documented per current order

Y/ N- please correct

Vital Sign documented per current order

Y/ N- please correct

Vital Sign documentation includes SpO2 and temperature

Y/ N- please correct

All vital signs and assessments are within parameter

Y/ N- please correct

EVD output and ICP are documented hourly

Y/ N- please correct

Correct route for medication is ordered

Y/ N- please correct

Negative Dysphagia screen or SLP evaluation completed prior to medication administration

Y/ N- please correct

Stroke Education is documented

Y/ N- please correct

Stroke Education is individualized.

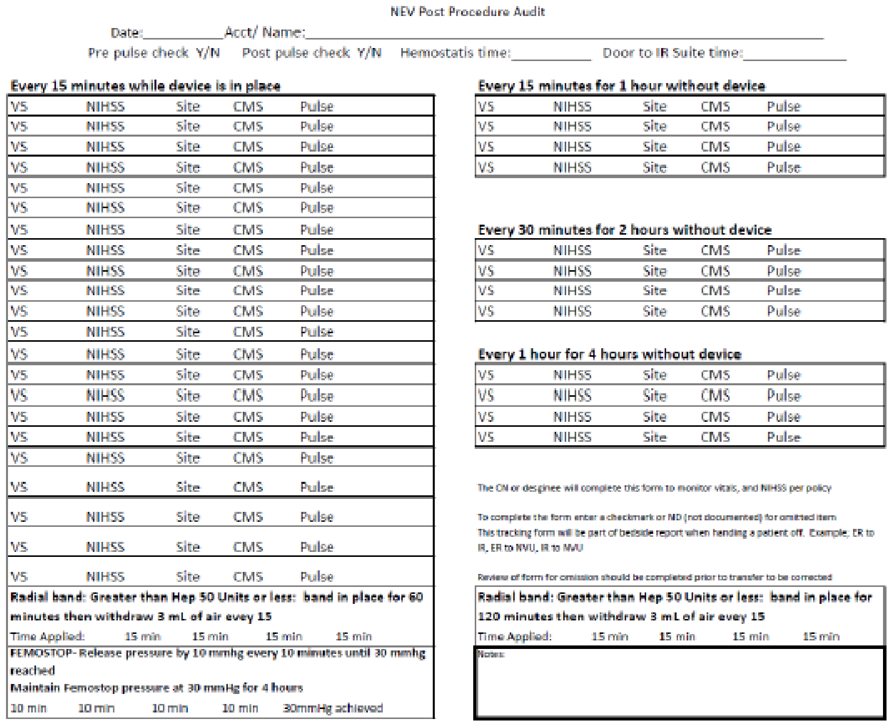
Y/ N- please correct

SCDs applied or refusal documented

Y/ N- please correct

If patient is being discharge make sure to add stroke diagnosis to AVS for further education

Y/ N- please correct



NEV Post Procedure Audit

Date:__________ Acct/ Name:______________________________

Pre pulse check Y/N Post pulse check Y/N Hemostatis time:__________ Door to IR Suite time:__________

Every 15 minutes while device is in place

VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
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VS	NIHSS	Site	CMS	Pulse

Radial band: Greater than Hep 50 Units or less: band in place for 60 minutes then withdraw 3 mL of air evey 15

Time Applied: 15 min 15 min 15 min 15 min

FEMOSTOP- Release pressure by 10 mmhg every 10 minutes until 30 mmhg reached

Maintain Femostop pressure at 30 mmHg for 4 hours

10 min 10 min 10 min 10 min 30mmHg achieved

Every 15 minutes for 1 hour without device

VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse

Every 30 minutes for 2 hours without device

VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse

Every 1 hour for 4 hours without device

VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse
VS	NIHSS	Site	CMS	Pulse

The CN or desginee will complete this form to monitor vitals, and NIHSS per policy

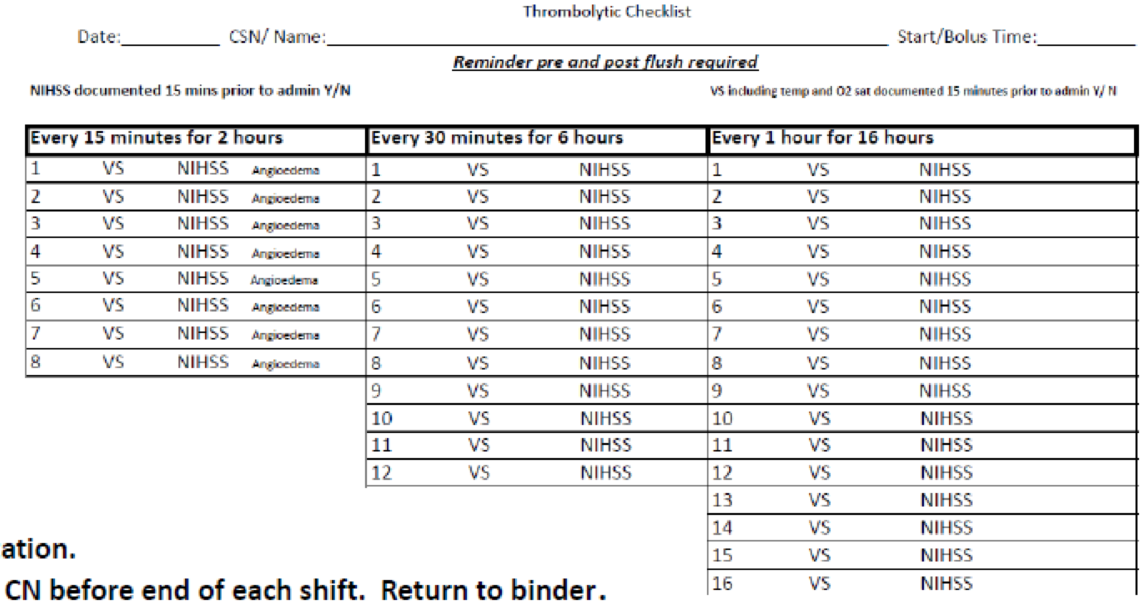
To complete the form enter a checkmark or ND (not documented) for omitted item
This tracking form will be part of bedside report when handing a patient off. Example; ER to IR, ER to NVU, IR to NVU

Review of form for omission should be completed prior to transfer to be corrected

Radial band: Greater than Hep 50 Units or less: band in place for 120 minutes then withdraw 3 mL of air evey 15

Time Applied: 15 min 15 min 15 min 15 min

Notes:



Thrombolytic Checklist

Date:__________ CSN/ Name:______________________________ Start/Bolus Time:__________

Reminder pre and post flush required

NIHSS documented 15 mins prior to admin Y/N

VS including temp and O2 sat documented 15 minutes prior to admin Y/ N

Every 15 minutes for 2 hours				Every 30 minutes for 6 hours			Every 1 hour for 16 hours		
1	VS	NIHSS	Angioedema	1	VS	NIHSS	1	VS	NIHSS
2	VS	NIHSS	Angioedema	2	VS	NIHSS	2	VS	NIHSS
3	VS	NIHSS	Angioedema	3	VS	NIHSS	3	VS	NIHSS
4	VS	NIHSS	Angioedema	4	VS	NIHSS	4	VS	NIHSS
5	VS	NIHSS	Angioedema	5	VS	NIHSS	5	VS	NIHSS
6	VS	NIHSS	Angioedema	6	VS	NIHSS	6	VS	NIHSS
7	VS	NIHSS	Angioedema	7	VS	NIHSS	7	VS	NIHSS
8	VS	NIHSS	Angioedema	8	VS	NIHSS	8	VS	NIHSS
				9	VS	NIHSS	9	VS	NIHSS
				10	VS	NIHSS	10	VS	NIHSS
				11	VS	NIHSS	11	VS	NIHSS
				12	VS	NIHSS	12	VS	NIHSS
							13	VS	NIHSS
							14	VS	NIHSS
							15	VS	NIHSS
							16	VS	NIHSS

This form is a checklist for required Stroke specific documentation.
Plan to utilize at the end of each shift and reviewed with the CN before end of each shift. Return to binder.

Not a permanent part of the medical record
Stroke Program 7.1.2025 GD