

- **QUESTION:**  
What is the community standard on frequency of vital signs and neuro checks on you stroke order sets?

**ANSWERS:**

- Post tPA Q1H with modified NIHSS x 24h, then Q2 in ICU; Q4h on the floor for any stroke patient.
- We have adapted our orders from the Alteplase insert and included VS monitoring as part of our order set (I have attached a copy that you may share).
- VS & Neuro Checks are done q 4 hours for the first 48 hr or based on what the physician orders.
- Critical Care---every one hour
- Neuro step down every 2 hours
- General Neuro floor--every 4 hours
- For all tPA patients, we follow the recommended AHA/ASA guidelines. For telemetry patients, it's q 4 hrs, for all others, it's q shift and with any change in neurological condition unless otherwise specified by MD.
- For post alteplase patients - q15minsx4, then q30minsx2, then q1hr x 24 hrs - obviously done in the Critical Care. For all stroke admitted patients to the acute floors it is q1hr x 24hrs and then q4hrs.
- Vital signs are every hour in the ICU and every 4 hours on the neuro unit. We perform neuro exams on admission, then every 2 hours for 24 hours and then every 4 hours-no matter which unit they are on. The NIHSS is performed also on admission and then the modified NIH scale is used with the same frequency as the neuro exams-q2 x 24 hours, then q4 hours.
- standard post tPA, CCU Q 2, stroke unit Q4
- We use the following –during t-PA administration and immediately following- B/P,HR AND NEURO CHECKS EVERY 15 MINS DURING TREATMENT AND THEN FOR ANOTHER 2 HOURS, THEN EVERY 30 MINS.FOR 6 HOURS AND THEN EVERY HOUR FOR 16 HOURS. FOR NON T-PA ISCHEMIC STROKE PATIENTS, EVERY 4 HOURS FOR 24 HOURS AND THEN EVERY 8 HOURS. FOR HEMORRHAGIC STROKE ,NEURO CHECKS EITHER EVERY HOUR FOR 24 HOURS AND THEN CHECK WITH NEUROSURGEON OR NEUROLOGIST FOR FURTHER ORDERS, OR EVERY 4 HOURS THEN CHECK. VITAL SIGNS ARE EVERY HOUR FOR 24 HOURS THEN CHECK WITH NEUROLOGIST OR NEURO SURGEON FOR FURTHER ORDERS.
- Perform neurological assessments and vital signs every 15 minutes during the infusion of rtPA, and for 2 hours following completion of treatment, and then, every 30 minutes, thereafter, for the next 6 hours and, then, every hour until 24 hours after treatment.
- For non rtPA stroke patients: Patient in ICU - neuro assessment and vital signs every hour Patient on med-surg unit - neuro assessment and vital signs

every 4 hour Frequency can always be increased based on patient condition and changes. Neuro assessment entails the complete EMR neuro assessment in the ongoing or admission forms.