

# Stroke Assessment for Nurses

## Patient Information

Name:

Date of Birth:

Medical Record Number:

Date/Time of Assessment:

## Primary Assessment

### 1. ABCs

Airway:

Breathing:

Circulation:

### 2. Neurological Assessment

Level of consciousness (Glasgow Coma Scale):

Pupillary response:

Motor function:

Sensory function:

### 3. FAST

Facial droop:

Arm drift:

Speech:

### 4. Time of Onset

## Secondary Assessment

### 1. Vital Signs

Blood pressure:

Heart rate:

Respiratory rate:

Temperature:
Oxygen saturation:
<b>2. Medical History</b>
Current medications:
<b>3. Stroke Risk Factors</b>
<b>4. Blood Glucose Level</b>
<b>5. NIH Stroke Scale Score</b>
<b>6. Imaging and Lab Work</b>
<b>7. Differential Diagnosis</b>

**Plan of Care**

<b>1. Consult with Neurology</b>
<b>2. Medication Administration</b>
<b>3. Monitor and Document</b>

**4. Patient and Family Education**

**5. Follow-Up**