

Brain Code Pocket Template

Stroke timeline:				
Paged:	Bedside:	Exam:	CT:	TNK:
Last Known Well:				
First time seen with deficits:				
Past medical history (AFib - DM - HTN - Other):				
Past surgical history: any recent surgery?				
Medications: Antiplatelets? Anticoagulants?		Other home meds?		
Allergy to contrast?				
1a. Level of Consciousness (LOC)	Alert (or awakens easily and stays awake) Drowsy (Not alert, requires minor stimulation) Obtunded (Requires repeated stimulation or painful stimulation) Comatose (no or only reflexive movement to pain)	0 1 2 3		
1b. LOC- Questions Month? Age?	Both correct 0 - One answer correct 1 - Neither question answered correctly 2 - Can't answer due to aphasia 2 - Dysarthric or intubated 1			
1c. LOC- Commands Opens/closes eyes - Opens/closes hands	Both correct 0 - One correct 1 - Neither performed correctly 2 If can't understand, you can demonstrate it.			
2. Eye Movements: Horizontal eye movements	Normal 0 - partial palsy (can cross midline) 1 - Complete (can't cross midline) 2 - Aphasic or confused, use tracking - Unconscious, use oculocephalic Rx			
3. Visual fields:	Normal 0 - Partial hemianopia 1 - Complete hemianopia 2 - Bilateral hemianopia 3 - Unilateral blindness (CRAO) doesn't score points 0			
4. Facial:	Normal Minor paralysis (flattening of nasolabial folds) Partial paralysis (near or total paralysis lower face) Complete paralysis (Of upper and lower face)	0 1 2 3		
5a. Motor - Left Arm Hold arm straight out from chest Amputation or joint fusion (N/A)	Normal (No drift at all) Drift (Drifts downward but NOT to bed before 10 sec.) Drifts to bed within 10 sec Movement, but not against gravity Complete paralysis (No movement at all)	0 1 2 3 4		
5b. Motor - Right Arm Hold arm straight out from chest Amputation or joint fusion (N/A)	Normal (No drift at all) Drift (Drifts downward but NOT to bed before 10 sec.) Drifts to bed within 10 sec Movement, but not against gravity Complete paralysis (No movement at all)	0 1 2 3 4		
6a. Motor - Left leg Keep leg off bed Amputation or joint fusion (N/A)	Normal (No drift at all) Drift (Drifts downward but NOT to bed before 5 sec.) Drifts to bed within 5 sec Movement, but not against gravity Complete paralysis (No movement at all)	0 1 2 3 4		
6b. Motor - Right leg Keep leg off bed Amputation or joint fusion (N/A)	Normal (No drift at all) Drift (Drifts downward but NOT to bed before 5 sec.) Drifts to bed within 5 sec Movement, but not against gravity Complete paralysis (No movement at all)	0 1 2 3 4		
7. Limb Ataxia: Finger-Nose - Heel-Shin Must be out of proportion of weakness	Absent 0 - In one limb 1 - In two limbs 2 - If completely paralyzed, scores 0			
8. Sensory : (Test on face, arm & thigh)	Normal 0 - Mild to moderate loss 1 - Severe (unaware of being touched) 2			
9. Language/Aphasia Repetition & Comprehension "Today is a bright sunny day"	Normal ability use words and follow commands Mild to Moderate (Repeats / names with some difficulty) Severe Aphasia (very few words correct or understood) Mute (no ability to speak or understand at all)	0 1 2 3		
10. Dysarthria	Normal 0 Mild to moderate 1 Severe (none understandable) 2 Intubated or other physical barrier (N/A)			
11. Neglect : Ignores touch or vision	Normal 0 - Mild (partial) 1 - Profound (Visual and tactile - complete) 2			
Total Score	0 = Best, 42 = Worst			

ICH Scale

GCS:	Volume:	IVH:	Infratentorial:	Age:
3-4: 2 points	≥30: 1 point	Yes: 1 point	Yes: 1 point	≥80: 1 point
5-12: 1 point	<30: 0 points	No: 0 points	No: 0 points	<80: 0 point
13-15: 0 points				

Hunt and Hess scale

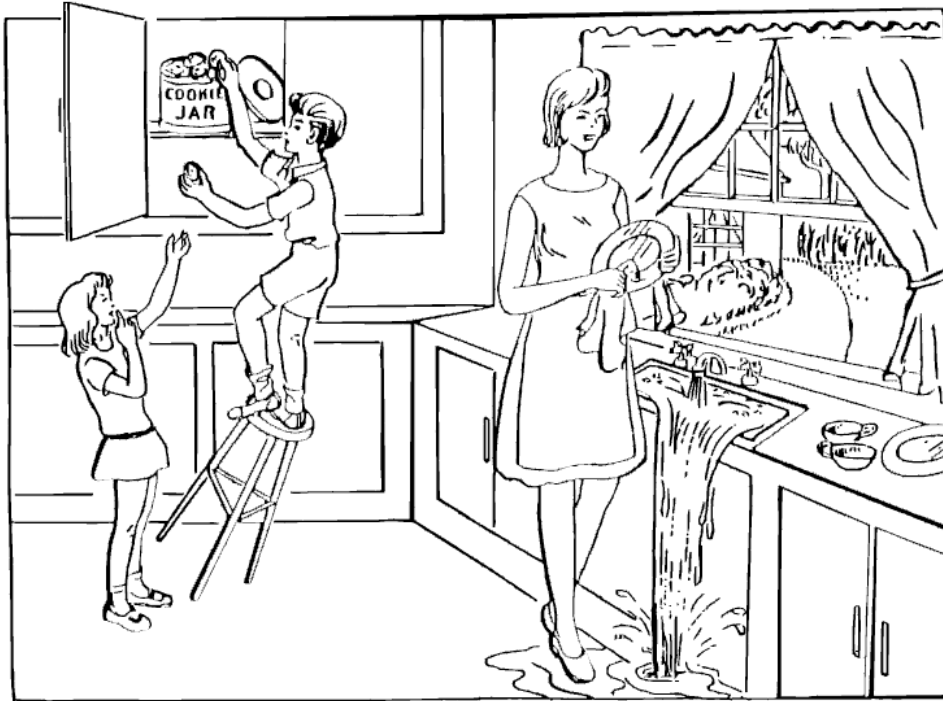
	Survival
1 Asymptomatic, mild headache, slight nuchal rigidity	70%
2 Moderate to severe headache, nuchal rigidity, no neurologic deficit other than CN palsy	60%
3 Drowsiness / confusion, mild focal neurologic deficit	50%
4 Stupor, moderate-severe hemiparesis	20%
5 Coma, decerebrate posturing	10%

Modified Fischer Grade score

	Blood thickness	Intraventricular Hemorrhage
Grade 1:	Thin SAH (< 1mm)	IVH is absent
Grade 2:	Thick SAH (> 1mm)	IVH is present
Grade 3:	Thin SAH (< 1mm)	IVH is absent
Grade 4:	Thick SAH(> 1mm)	IVH is present

Contraindications

Imaging	CT head with intracranial hemorrhage
	CT head with extensive regions of hypoattenuation (large infarct already established)
History	Intracranial aneurysm (although recent studies showed safety with aneurysm < 10mm)
	Intracranial neoplasm
	Heavy burden microbleeds on prior imaging (> 10 microbleeds)
	Known intracranial AVM (if severely disabling stroke, TNK may be considered)
	Intracranial dissection (safety is not well established)
Clinical	History of prior intracranial hemorrhage (ICH, SAH or SDH)
	History of prior stroke within past 3 months
	History of severe head trauma within past 3 months
	History of intracranial or intraspinal surgery within past 3 months
	History of recent GI bleeding within past 21 days (TNK potentially harmful)
Drugs	History of structural GI malignancy (TNK potentially harmful)
	Known or suspected aortic arch dissection
	Suspected stroke due to infective endocarditis
Labs	BP > 185/110 -> It has to be lowered first
	Heparin use within 48h with elevated aPTT > 40
3 - 4.5h window	LMWH in therapeutic dose within 24h
	Warfarin use with INR > 1.7 or PT > 15
	NOAGs use within 48 hours unless Xa activity is normal
Wake Up	Known platelet count < 100,000, PT>15, aPTT>40 or INR>1.7
	Blood glucose < 50 or >400, it has to be corrected first
Exclusion criteria for 3-4.5 hour window:	
Age > 80	
NOAG use even if labs are normal	
Warfarin use even if INR < 1.7	
NIHSS > 25	
Large infarct (>1/3 cerebral hemisphere)	
Exclusion criteria for wake-up stroke, onset > 4.5 hour with MRI mismatch:	
Same as 3 - 4.5 hours criteria +	
DW lesion > third MCA territory	
Planned thrombectomy	



**MAMA
TIP – TOP
FIFTY – FIFTY
THANKS
HUCKLEBERRY
BASEBALL PLAYER**

You know how.

Down to earth.

I got home from work.

**Near the table in the dining
room.**

**They heard him speak on the
radio last night.**

