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| **Simulation Checklist** |  |
| 2021 | Learner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rater ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phase 1: Code Stroke Evaluation** | **Phase 2: Counseling Family Member** |
| History |  Explains tPA is a "clot-buster" drug with bleeding risk |
|   Asked time of onset/last known well |    tPA can be given up to 4.5 hours after last known normal |
|   Asked about previous baseline/change from baseline? |    ~3/100 will be harmed due to tPA-related sICH |
|   Asked about medical history |  ~32/100 will benefit from tPA |
|   Asked about surgical history |  patients are 10X more likely to be helped than harmed |
|   Asked about medications |    Major risk is hemorrhage in the brain or elsewhere |
|   Asked for fingerstick glucose |    Rarely patients may have allergic reaction |
| /6 Total |    Verbal consent adequate; written consent not needed |
| Examination |    Plan to perform repeat head imaging |
|   Acknowledged vitals and atrial fibrillation |    Recommend continuous tele monitoring |
|   Performed NIHSS 1a/b/c (LOC) |    Consider other TBI neuroprotective measures (fever, etc.) |
|   Performed NIHSS 2 (gaze) | /11 Total |
|   Performed NIHSS 3 (visual fields) |  |
|   Performed NIHSS 4 (facial palsy) |  |
|   Performed NIHSS 5 (motor arm) | **Phase 3: post-tPA Monitoring and Management** |
|   Performed NIHSS 6 (motor leg) |  Recognizes headache may indicate bleed, stops tPA |
|   Performed NIHSS 7 (limb ataxia) |  Does not allow new lines placed for first 24 hours |
|   Performed NIHSS 8 (sensory) |  Does not allow BP to be significantly dropped |
|   Performed NIHSS 9 (best language) |  VS and Neurochecks recommended appropriately |
|   Performed NIHSS 10 (dysarthria) |    Blood pressure goal of <180/105 for 24 hours |
|   Performed NIHSS 11 (extinction/inattention) |  Holds all anti-thrombotics for 24 hours |
|   Calculated total score and verbalized this |  Avoid catheters, NGs, and Ivs for first 24 hours |
| /13 Total |    Follow up imaging recommended 24 hours after tPA |
|  | /8 Total |
| **Phase 2: Diagnostics and Treatment** | **Timing** (from time of scenario start) |
|   Requested labs, at minimum glucose, CBC, RFP, Coags | Start of NIHSS: \_\_\_\_\_\_\_\_\_\_\_\_ |
|   Reviewed head CT without contrast | End of NIHSS: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Recognize dense left MCA sign on CT Head non-con | time taken to completed NIHSS:\_\_\_\_\_\_\_\_\_\_ |
|   Request and review CTA Head/Neck | Time CT head requested: \_\_\_\_\_\_\_\_\_\_\_\_ |
|   Asks about major contraindications to tPA | Time tPA requested: \_\_\_\_\_\_\_\_\_\_\_\_ |
|   Asks for patient's weight | Time tPA pushed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Calculate appropriate dose for tPA |  |
|   Asks for neuro-interventional or neurosurgery | Total score: /48 |
|   Recognizes elevated BP and gives IV medication |  |
|   Mixes and pushes tPA |  |
| /10 Total |  |