# Neurology - Admission History and Physical - Intracerebral Hemorrhage

Date: ________________  Time: ________________

**Chief Complaint:**

**History of Present Illness:**

Time of onset (or last seen normal): __________

Neurological Review of Systems:

<table>
<thead>
<tr>
<th>ALLERGIES:</th>
<th>REVIEW OF SYSTEMS:</th>
<th>Normal</th>
<th>Abnormal (Elaborate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications:</td>
<td>Psychiatric:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constitutional:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skin:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respiratory:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiovascular:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GI:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GU:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Endocrine:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hematology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ All other systems reviewed and are negative

**Past Medical History:**

**Past Surgical History**

**Social History:**

- ☐ Tobacco
- ☐ Heavy Alcohol
- ☐ Drugs:

**Family History**

Pre-stroke mRS:
0: No symptoms at all
1: No significant disability despite symptoms; able to carry out all usual activities
2: Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
3: Moderate disability; requiring some help, but able to walk without assistance
4: Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
5: Severe disability; bedridden, incontinent and requiring constant nursing care and attention
**NEUROLOGY - ADMISSION HISTORY and PHYSICAL - INTRACEREBRAL HEMORRHAGE**

**EXAMINATION**
Problem Focused: 1-5 * elements; Expanded Problem Focused: 6+ *; Detailed: 12+ *; Comprehensive: all * elements, plus one cardiovascular element

**CONSTITUTIONAL**
- **Vital Signs:** BP _____/_____ T _____ Tmax _____ HR _____ RR _____ Wt ____
  (3 or more)
- **Appearance**
  - Normal
  - Relevant Details (required if abnormal)

**Cardiovascular**
- Neck
- Heart
- Peripheral vasc.

**Other**
- Pulmonary
- GI

**MENTAL STATUS**
- Attention
- Orientation
- Memory
- Language
- Visuospatial
- Executive
- Fund of knowledge

**CRANIAL NERVES**
- **Visual Acuity**
- **Visual Fields**
- **Fundi**

- **Pupils**
- **Eye Movements**

- **V (Trigeminal)**
- **VII (Facial)**
- **VIII (Hearing and balance)**
- **IX, X (Palate and gag)**
- **XI (Shrug)**
- **XII (Tongue)**

**MOTOR**
- **Bulk, Tone**
- **Pronator Drift**
- **RUE strength**
- **LUE strength**
- **RLE strength**
- **LLE strength**
- **Toe/Heel Walk**
NEUROLOGY - ADMISSION HISTORY and PHYSICAL - INTRACEREBRAL HEMORRHAGE

SENSORY

<table>
<thead>
<tr>
<th>Normal</th>
<th>Relevant Details (required if abnormal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Touch</td>
<td></td>
</tr>
<tr>
<td>Pinprick</td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
</tr>
<tr>
<td>Vibration</td>
<td></td>
</tr>
<tr>
<td>Proprioception</td>
<td></td>
</tr>
<tr>
<td>Romberg</td>
<td></td>
</tr>
</tbody>
</table>

COORDINATION

<table>
<thead>
<tr>
<th>Normal</th>
<th>Relevant Details (required if abnormal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAM</td>
<td></td>
</tr>
<tr>
<td>Finger - Nose</td>
<td></td>
</tr>
<tr>
<td>Heel - Shin</td>
<td></td>
</tr>
<tr>
<td>Tandem Walk</td>
<td></td>
</tr>
</tbody>
</table>

GAIT

REFLEXES

NIHSS: ______________

GCS score: ________

Toe: ________; Toe

DATA

Neuroimaging: (date: ___________ time first read: ___________

ICH volume: (____ x ____ x ____)/2 = ______ mL

ICH SCORE: ______

Vascular imaging:

EKG:

CXR:

UA

Ca      Mg      Phos      Troponin

PT      INR      PTT      CK/MB

"The Point of Care Reference Range Form is located in the laboratory section of all inpatient medical records. For outpatient and procedural areas, it is located in an area of the chart designated by the department".
NEUROLOGY - ADMISSION HISTORY and PHYSICAL- INTRACEREBRAL HEMORRHAGE

ASSESSMENT AND PLAN

☐ I have considered the patients home medications when writing admission orders

Acute intracerebral hemorrhage, ICH score: _____

Suspected etiology:

☐ Admit to Neurology in Neuro-ICU

☐ Close monitoring for signs of neurologic deterioration

☐ Consider for enrollment in ICH research studies

☐ Consult neurosurgery, check CTA head to rule out vascular lesion

☐ IV normal saline rate: ________

☐ Maintain INR < 1.3, PTT normal, plt > 100,000

☐ Continuous telemetry for detection of arrhythmias

☐ Repeat HCT or MRI in 24 hours

☐ Blood pressure control to < 150/90

☐ Head of 30 degrees, bedrest

☐ PT/OT/rehab when able to mobilize safely

☐ DVT prophylaxis with SCDs

☐ Swallowing evaluation prior to oral intake

☐ Check HbA1C if diabetic.

☐ Frequent glucose monitoring- cover with sliding scale insulin

Other medical issues:

Resident/APRN Signature: ________________________________ Date: ____________ Time: ________________

Printed Name: _______________________________ Pager Number: _______________

ATTENDING NOTE

I have seen and examined this patient with/subsequent to the resident. I agree with his/her history, review of systems, family history, social history, physical examination, impression and plan as outlined in his/her note above with the following addendums:

History:

Physical Exam:

Test results:

Assessment and Plan:

Attending Signature: ________________________________ Date: ____________ Time: ________________

Printed Name: _______________________________ Pager Number: _______________