

Evaluation Form for CVA in ICU

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Patient Name:

Age:

Gender:

IP Number:

Date of Examination:

Date of Admission:

Examiners Name

Relevant history details:

General Examination:

- Temperature:
- Heart Rate:
- Respiratory Rate:
- Blood Pressure:
- SpO₂:
- Ventilator parameters:
- Edema:
- Decubitus:
- Skin Evaluation:

Neurological Examination

Higher Mental Functions (HMF):

- Level of Consciousness (LoC): GCS:
- Speech: (Aphasia, Dysphonia, Dysarthria)

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- Orientation: (Time, Place, Person)
- MMSE Score:

Cranial Nerve Examination

- Optic:
- Facial:

Sensory Examination

- Superficial:
- Deep:

Motor Examination

- Tone- UL: LL:
- Clonus:
- Range of Motion (RoM):
- Synergy Type: U.L- L.L-
- Voluntary Control Grading (VCG): UL- LL-

Sensory-Motor Link (Reflex's)

- Superficial: (Plantar, Chaddock)
- Deep: U.L-
L.L-

Assessment of Chest:

- On Observation- Breathing Pattern: Chest Movements:
- On Auscultation- Air Entry: Added Sounds:
- Secretion: Color: Type:

Assessment of Shoulder:

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- On Observation:
- On Palpation:
- Sulcus Sign:

Bed Sores: Site, Size, Length, Depth, Color & Grade

Tightness: Site and Side.

Investigation:

Problem List:

Goals:

- **Short Term:**

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Prognosis/Discharge Notes

	Initial Evaluation	Prognosis	Discharge Evaluation
Heart Rate			
Blood Pressure			
Respiratory Rate			
Spo2			
GCS Score			
MMSE Score			
Secretions			
Ventilator Mode			
Air Entry (O/A)			
Added Sounds (O/A)			
Tone- UL(MAS Score)			
Tone- LL (MAS Score)			
VCG- UL			
VCG- LL			
Reflex's			