Acute Ischemic Stroke — SOAP Note Template

The Vascular Brain · Zaka Ahmed, MD · thevascularbrain.com

SUBJECTIVE

Reason for consult / chief complaint:

Last known well (LKW):
date/time

Symptom discovery time:
date/time — witnessed onset? / wake-up stroke?

History of present illness:
deficits at onset, course (improving / worsening / fluctuating)

Baseline function:
pre-event modified Rankin (mRS) ____

Vascular history:
prior stroke/TIA, HTN, DM, atrial fibrillation, CAD/CHF, hyperlipidemia, smoking, prior ICH

Antithrombotics / anticoagulation:
agent and last dose

Thrombolysis screen:
recent surgery/trauma, active bleeding, recent stroke or head injury (<3 mo), known ICH

Medications / allergies:

OBJECTIVE

Vitals:
BP ___/___ HR ___ RR ___ Temp ___ SpO2 ___% Fingerstick glucose ___

NIHSS total:
____ (LOC, gaze, visual fields, facial, motor arm/leg, ataxia, sensory, language, dysarthria, neglect)

General exam:

Neurologic exam:
mental status, cranial nerves, motor, sensory, coordination, gait

Labs:
glucose ___, INR ___, platelets ___, creatinine/eGFR ___, troponin, A1c, lipids

ECG:
rhythm ____ (atrial fibrillation? Y / N)

NCCT head:
hemorrhage? ASPECTS ___, early ischemic change?, hyperdense vessel sign?

CTA head/neck:
large-vessel occlusion? site ___, tandem lesion?, carotid stenosis ___

CT perfusion:
ischemic core ___ mL, penumbra / mismatch ___

MRI (if obtained):
DWI lesion ___

ASSESSMENT

Summary:
____-year-old [sex] with [risk factors] presenting with [deficit], NIHSS ___, LKW ___, imaging showing ___ — concerning for acute ischemic stroke in the [territory / vessel].

Suspected mechanism (TOAST):
large-artery atherosclerosis / cardioembolic / small-vessel / other / undetermined

IV thrombolysis eligibility:
within window? contraindications? decision ___

Endovascular thrombectomy eligibility:
LVO present? ASPECTS / core acceptable? within window? decision ___

PLAN

Reperfusion:
tPA / TNK given at ___ / thrombectomy / neither — reason ___

Blood pressure:
target ___ (pre / post reperfusion), agent ___

Antithrombotics:
aspirin / dual antiplatelet / anticoagulation — start timing ___

Admission:
stroke unit / ICU, neuro checks q___, telemetry

Diagnostic workup:
MRI brain, echocardiogram, prolonged cardiac monitoring, lipid panel, A1c, hypercoagulable workup if young

Secondary prevention:
statin, BP control, glycemic control, atrial-fibrillation anticoagulation ___

Supportive care:
dysphagia screen before PO, VTE prophylaxis, PT / OT / SLP, glucose and temperature management

Disposition:
rehabilitation level / home, follow-up ___