

Bispecific Grading Scale

BASELINE Document:

Vitals

ICANS GRADING SCALE: (decided we do not need the large grid)

ICE score definitions (Each correct Answer is 1pt)		
Orientation	Orientation to year, month, city, hospital	4 points
Naming	Ability to name 3 objects (eg, point to clock, pen, button)	3 points
Following commands	Ability to follow simple commands (eg, "Show me 2 fingers" or "Close your eyes and stick out your tongue")	1 point
Writing	Ability to write a standard sentence (eg, "Our national bird is the bald eagle")	1 point
Attention	Ability to count backwards from 100 by 10	1 point

ICE Grade: 0 Score 10, 1 Score 7-9, 2 Score 3-6, 3 Score 0-2, 4 Score 0 (patient is unarousable and unable to perform ICE)

Level of Consciousness: 0 Awake, Alert, Oriented, 1 Awakens spontaneously, 2 Awakens to voice, 3 Awakens only to tactile stimulus, 4 Patient is unarousable or requires vigorous or repetitive tactile stimuli to arouse. Stupor or coma

Seizure: 0-2 NA, 3 Any clinical seizure focal or generalized that resolves rapidly; or Non-convulsive seizures on EEG that resolve with intervention, 4 Life-threatening prolonged seizure (>5 min); or Repetitive clinical or electrical seizures without return to baseline in between

Motor Findings: 0 – 3 NA, 4 Deep focal motor weakness such as hemiparesis or paraparesis

CRS:

Grade 0 – No fever, hypotension or hypoxia

Grade 1 - Temp \geq 100.4

Grade 2 - Temp \geq 100.4 plus hypotension not requiring a vasopressor and/or hypoxia requiring low flow nasal cannula

Grade 3 - Temp \geq 100.4 plus hypotension requiring one vasopressor and/or requiring high flow nasal cannula

Grade 4 - Temp \geq 100.4 plus hypotension requiring greater than one vasopressor and/or requiring positive pressure

SUBSEQUENT document:

Vitals

CRS Assessment:

Y/N (with comment ability for Y)

- Temp 100.4 F or greater
- Pulse Ox 90% or less or >5% change from baseline
- Decrease in SBP >10 mmHg from baseline and/or SBP <90 mmHg
- Increased HR >110 or more than 20 bpm from baseline while at rest

ICANS Assessment:

Y/N (with comment ability for Y)

- Confusion
- Difficulty with speech
- Difficulty staying awake
- Abnormal actions
- Seizures

CRS/ICANS Grading Scales (baseline document above) at the bottom to use as needed.