



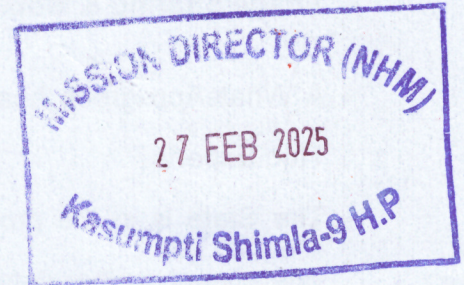
NHMHP-NCD0TELE/1/2020-NDP- 4827
National Health Mission
Himachal Pradesh



To

1. All the Chief Medical Officers,
Himachal Pradesh
2. All the Medical Superintendents,
Himachal Pradesh

Dated: - Shimla-9, the



Subject: - Revival of Tele-Stroke Project in Himachal Pradesh – Action Points

Madam/Sir,

We are pleased to inform you that the Tele-Stroke project has been revived in Himachal Pradesh and will operate under a hub-and-spoke model. The designated hubs for this initiative are IGMC Shimla and RPGMC Tanda, and 18 spokes have been identified for implementation as given in Annexure I.

To strengthen the project, a training session for Medical Specialists and Medical Officers from the designated spokes was conducted on February 22, 2025, at SIHFW, Parimahal, Shimla.

In this regard, you are requested to ensure the following:-

1. Communication of the Project:

- Inform all health institutions in your respective districts/charges about the project.
- Specifically highlight the active spokes where functional CT scan facilities and trained Medical Specialists are available.

2. Sensitization of Emergency/Casualty Staff:

- At all designated spokes, trained Medical Specialists must sensitize the Emergency/Casualty staff regarding the project and stroke management protocols.

3. Availability of Tenecteplase:

- Ensure the availability of Tenecteplase (40 mg) at all designated spokes until the Rate Contract for Tenecteplase (20 mg) is finalized.

4. **Image Sharing & Mobile App Revival:**

- A WhatsApp group has been created for spokes to share CT images with Hub Experts.
- The State is in the process of reviving the existing mobile app, and once operational, further details will be communicated.

5. **Expert Consultation:**

- Spokes can contact Neurology Experts at the Hub for consultations via the WhatsApp group or telephonically.
- Hub Experts will be available round the clock for stroke-related consultations.

6. **Data Management & Reporting:**

- In all designated spokes, Nirog Clinics under the NP-NCD program are functional, with a designated DEO in place.
- Medical Specialists must share reporting format attached as Annexure II with the DEO of Nirog Clinic, who will be responsible for ensuring timely reporting via the Google doc form shared by the State.

7. **Data Flow Mechanism:**

- Spoke medical specialist will fill the physical patient data form and share it with the DEO (Nirog Clinic)
- DEO of Nirog Clinic will fill the physical patient data into the online google doc form
- DEO of Nirog Clinic will also ensure that the stroke data to be entered in Form 3 (Civil Hospitals) and Form 4 (DH) of NPCDCS reporting
- DPO NCD will compile the stroke data into Form 5 of the NPCDCS reporting
- State NP-NCD Cell will collate the stroke patient data from google doc form
- State NP-NCD Cell will compile the data from Form 5 into Form 6 of

NPCSCS reporting

8. Orientation about the Programme:

- All concerned health institutions, both at the Block and District levels, must be sensitized about the program and their respective roles.



Yours faithfully,

Mission Director
National Health Mission

Endst. no. as above dated ; - Shimla-9, the
Copy to :-

1. The Secretary (Health) to the GoHP, Shimla-9 for information.
2. The Director Health Services, Shimla-9, for information.
3. The Director Medical Education and Research, Shimla-9 for information.
4. All the Principals, Medical Colleges for information and necessary action, please.

Mission Director
National Health Mission

Annexure-I

Name of the district	Sr. no.	Institution
Bilaspur	1	RH Bilaspur
Chamba	2	PtJNMC, Chamba
Hamirpur	3	Dr. RKGMC, Hamirpur
Kangra	4	ZH Dharamshala
Kangra	5	CH Palampur
Kangra	6	CH Nurpur
Kullu	7	RH Kullu
Mandi	8	SLBSGMC
Mandi	9	ZH Mandi
Mandi	10	CH Sunder-Nagar
Shimla	11	DDUZH
Shimla	12	MGMSC Khaneri
Shimla	13	CH Rohru
Sirmaur	14	Dr. YSPGMC, Nahan
Sirmaur	15	CH Paonta Sahib
Solan	16	RH Solan
Solan	17	CHC Nalagarh
Una	18	RH Una

Data recording form of stroke patients at spoke centres (Himachal Pradesh)

District:Name of the Spoke Centre:

1. Patient's Name:..... Age: Gender: M/F
2. Contact Number:.....CR No.
3. Date of symptom onset:Time of symptom onset:
4. Date & Time of the visit to the health facility:
5. Date and Time of hospital admission (ward):
6. Presumptive diagnosis at the time of hospital admission: Stroke / TIA / Stroke or otherwise specified /
No stroke related diagnosis
7. Brief Medical History
 - Patient's ambulatory status before stroke: Able to ambulate / with assistance / unable to ambulate
 - Sudden weakness/numbness of face / arm / leg
 - Altered sensorium / Confusion / Sudden severe headache / Dizziness / Loss of balance or
coordination / Facial drop / Trouble speaking or understanding / Sudden trouble in seeing from 1
or both eyes
8. Risk factors:Hypertension / Diabetes / History of TIA / Heart Failure / MI or CAD / PAD / Valvular Heart
Disease / Sickle cell disease / Event during pregnancy or within 6 weeks of delivery / Dyslipidemia / DVT /
Smoking / Alcohol
9. Examination: HR: Pulse: B.P at time of admission:..... At 24 hrs:.....
Carotid Bruit: Height: Weight:
Type of Breathing: Normal / Cheyne stokes / Hyperventilation / Ataxic / On Ventilator
Chest examination:

CVS:

Temp at 24 hours: at 48 hrs: At 72 hrs:

10. NIH Stroke scale:

11. Date & Time of CT imaging:

CT Image findings:

12. Investigations: LDL HDL T. Chol TG

ECG findings:

Stroke TOAST classification : Atherosclerosis / Large artery disease / Small artery disease /

Cardioembolic / Lacunar / Unknown etiology

13. Diagnosis:

14. Treatment:

Thrombolytic therapy given: Yes/No (If yes, answer the following)

- Date & Time of thrombolysis:
- Time interval between symptom onset and thrombolysis:
- Time interval between thrombolysis and symptom improvement:
- Complications during thrombolysis: Symptomatic IC hemorrhage / Life threatening systemic hemorrhage

If thrombolysis not given, please encircle the reason: SBP >185 or DBP >110 mmHG despite on T/t

/ Recent intracranial or spinal surgery or head trauma or stroke [<3m] / Recent surgery or trauma /

Active internal bleeding / Suspicion of SAH / History of IC hemorrhage or Brain aneurysm or

Vascular malformation or Brain tumour / Platelets <1 lakh after Heparin use or PT >15 sec or INR

>1.7 or known bleeding diathesis / CT findings as ICH or SAH or Major infarcts / Seizure at onset /

Stroke severity (NIHSS>22) / Glucose <50 or >400 / Left heart thrombus / Eligibility not determined /

Rapid improvement or stroke severity too mild / Advanced age (>85yrs) / Increased risk of bleeding

due to comorbid condition / outside window period

15. Follow up: encircle all that apply

Thrombolytic therapy received at the end of hospital day 2 / Patient ambulatory at the end of hospital day 2

/ DVT prophylaxis initiated at the end of hospital day 2 / Dysphagia screening done / patient experiencing

DVT or Pulm embolus during the hospital stay / Hospital acquired Pneumonia

16. Discharge data

- Patient cured & discharged / LAMA / Expired
- Hospital stay duration:
- Final diagnosis related to stroke: Ischemia / SAH / ICH / TIA / Stroke not otherwise specified / No stroke related diagnosis
- NIH Score at discharge:
- Medications at discharge: Antiplatelets / Lipid lowering agent / Anti hypertensives / Anticoagulants