

Affix patient label

Stroke Program –Patient Monitoring Tool

Referral Received Y/N

Date of arrival: _____ Time of arrival: ____ am/pm

Mode of Arrival: EMS ____ Private Transport _____

ED physician at bedside: _____ am/pm Name of ED Physician: _____

Chief complaint: _____

Triage acuity: _____ EDIMS note on chart Y or N

Onset of symptoms: _____ Last time known well: Date: _____ Time ____ am/pm Unknown

Last time known well documented: Yes No NIH Score: _____

“Code Stroke” activated on ____ at ____ am/pm Code stroke activated by EMS Upon arrival in the ED Inpatient Rapid Response Team Paged Yes No

Response time of Stroke Response Team (SRT): _____ am/pm Physician (if not ED MD): _____

Interventions: Labs drawn & sent: (CBC, BMP, PT/PTT, INR Type & screen) _____ am/pm

Accucheck: _____

Lab results reported: _____ am/pm

Additional labs: Cardiac enzymes Lipid profile: LDL result _____

Additional labs: _____

EKG completed: _____ am/pm CXR: _____ am/pm

CT of Head ordered: ____ am/pm Pt sent for CT at ____ am/pm Result of CT scan ____ am/pm

Result of CT _____

Radiologist: _____

Additional comments re: Radiology _____

Neurologist: Dr. _____ called ____ am/pm Neurologist responded: ____ am/pm

Neurology consult completed: Date: _____ Time: _____

t-PA candidate: Yes No Contraindication to t-PA: _____

Contraindications documented? Yes No

t-PA bolus ____ am/pm t-PA infusion: ____ am/pm t-PA infusion completed: ____ am/pm

Physician who administered t-PA: _____

Bedside swallowing screen done Yes-Result: Pass Fail Date: ____ Time: ____ am/pm

Was bedside swallowing screen done prior to PO medications: Yes No

Screen completed by: _____ Given to _____ for follow up completion

MRI result: _____ MRA results _____

Repeat CT Scan: _____

Stroke order forms used: Yes No PMD: _____

Residents: _____

Education completed on: _____

Risk Factors _____

Speech consulted: Date: _____ Eval completed: Date: _____ Time: _____ am/pm

Modified barium study: Completed Yes: Date: _____ No Not ordered

Pt consulted: Date: _____ Eval completed: Date: _____ Time: _____ am/pm

OT consulted: Date: _____ Eval completed: Date: _____ Time: _____ am/pm

Antithrombotic Ordered _____ ASA _____ Plavix _____ Aggrenox _____

Lipid Lowering Med _____

DVT Prophylaxis _____ SCD _____ Lovenox _____ Heparin _____ Early Ambulation

DVT Form Complete _____ Endorsed to: _____

Carotid Dopplers _____

Venous Dopplers _____

Echo _____

TEE _____

Follow Up: