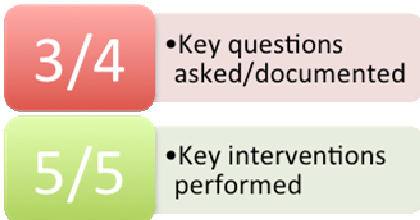


NOTE: This pilot form is part of a quality improvement initiative to improve communication with the EMS provider community

Stroke Follow-up

Patient Run #:
Age/Gender:
Service:
Service Level:

Your results at a glance



Questions?

If you would like more information on the initiative, contact;

Key questions asked AND documented:

- Yes** •Did you document when was the patient last known to be w/out symptoms?
•Key for identifying eligibility for tPA
- Yes** •Did you document if patient had a seizure or head injury at the time of onset?
•Helps to identify traumatic cause of stroke
- N/A** •Did you document if the patient complained of headache, neck pain, or neck stiffness prior to onset?
•Helps to identify infectious cause of symptoms or subarachnoid hemorrhage
- No** •Did you document if the patient has undergone any recent surgery?
•Key for identifying contraindications to tPA
- Yes** •Did you document if the patient takes any anticoagulant medicines?
•Key for identifying contraindications to tPA

Key interventions performed AND documented:

- Yes** • Patient placed on monitor
- Yes** • IV access attempted
- Yes** • Blood glucose measured
- Yes** • Stroke screen performed
- Yes** • Medical control notified

Patient Hospital Course

The patient was admitted with an initial diagnosis of CVA.