

TELESTROKE-25: 2015

NAME _____ MRN # _____

LAST SEEN NORMAL,

Symptom onset: day _____ month _____ time _____

Transport: EMS NURSING STATION Walk in other _____

CTAS score: _____

ED door time: day _____ month _____ time _____

Stroke team notification: _____

TeleStroke neurologist: initial dial in time _____

Assessment time _____

Name of Neurologist _____

CT time: _____

CTA time: day _____ Time _____

rt-PA needle time: _____ TOTAL dose (bolus & infusion _____ mg)

If delay reason why: _____

NO TPA REASON WHY: _____

DX: STROKE: Ischemic TIA ICH SAH

Non-STROKE diagnosis _____

Unable to determine

Was an urgent Follow-up required with the TeleStroke neurologist due to a complex issue or unexpected event Y N

Event _____
24 hour post tPA Follow-up consult Y N

DISPOSITON:

ADMIT to: SCU WARD REPATRIATED DISCHARGED from ED
Date _____ time _____

Patient characteristics

Age: _____ Gender: M F

TYPE OF SYMPTOMS:

Weakness: Face L / R Sensory: Face L / R
 Arm L / R Arm L / R
 Leg L / R Leg L / R

Balance problem Visual disturbance Speech disturbance

Initial ED vitals:

BP _____ T _____ HR _____ RR _____ O2 Sats _____ RA or on O2 _____

Baseline NIHSS: _____ baseline CNSS _____

Initial Glucose on arrival or EMS _____ mmol

TORBBST completed: date _____ time _____ Result: PA SS FAIL

Aspirin or Plavix: when was first dose administered, Date _____ Time _____

Foley: Y N time inserted _____ time removed _____

Initial rehab assessment: Date _____ Time _____

Past Medical History / Risk Factors

Previous Stroke or TIA: Y N

Hypertension: Y N

Diabetic: Y N

Current or life-long Smoker: Y N

Atrial fibrillation: Y N

Coronary Artery Disease: Y N

Hyperlipidemia: Y N

Obesity: Y N

Sleep apnea: Y N

Current use of Antithrombotics (ASA ,Plavix): Y N

Absence of Documentation

- **TORBBST on the chart Y N**
- **CNSS on the chart Y N**
- **TeleStroke Neurologist Consult on chart Y N**