

Stroke Alert

v1 - IDPH/ISR June 2014

EMS Run Sheet

EMS - Hospital - Patient

EMS Service #:	<input type="text"/>	Hospital #:	<input type="text"/>	Patient ID: (numeric)	<input type="text"/>
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Dates & Times

Last Known Well Date (mm/dd/yyyy)	<input type="text"/>	Time (hh:mm) (military time)	<input type="text"/>	Symptoms Discovered Date (mm/dd/yyyy)	<input type="text"/>	Time (hh:mm) (military time)	<input type="text"/>
Dispatch Date (mm/dd/yyyy)	<input type="text"/>	Time (hh:mm) (military time)	<input type="text"/>	Arrival On Scene (mm/dd/yyyy)	<input type="text"/>	Time (hh:mm) (military time)	<input type="text"/>
Depart Scene (mm/dd/yyyy)	<input type="text"/>	Time (hh:mm) (military time)	<input type="text"/>	Arrival At ED (mm/dd/yyyy)	<input type="text"/>	Time (hh:mm) (military time)	<input type="text"/>

Patient Data

Age:	<input type="text"/>	(years)	Gender:	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unknown	Glucose mg/dl:	<input type="text"/>	
Blood Pressure	<input type="text"/>	/	<input type="text"/>	Repeat Blood Pressure	<input type="text"/>	/	<input type="text"/>
<input type="checkbox"/> scene <input type="checkbox"/> route <input type="checkbox"/> arrival				<input type="checkbox"/> scene <input type="checkbox"/> route <input type="checkbox"/> arrival			
			Pulse:	<input type="text"/>	O2 Saturation	<input type="text"/>	%

History

Severe headache	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Head trauma at onset	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Bleeding/clotting problems, or on blood thinners (LMW Heparin, Coumadin, Pradaxa, Argatroban, Iprivask, Arixtra, Recludan, Xarelto)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Seizure at the onset of stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Previous stroke, serious head trauma, or intracranial surgery in the past 3 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Examination - Perform On Scene

Check If Abnormal

Cincinnati pre-hospital stroke scale	Speech (repeat "You can't teach an old dog new tricks")	<input type="checkbox"/>
	Facial droop (show teeth or smile)	<input type="checkbox"/>
	Arm drift (close eyes and hold out both arms)	<input type="checkbox"/>

Neuro Exam - Perform En-Route If Time Allows

Check If Abnormal

Mental Status	Level of consciousness (AVPU)	<input type="checkbox"/>
	Questions (age, month)	<input type="checkbox"/>
	Commands (close, open eyes)	<input type="checkbox"/>
Cranial Nerves	Horizontal gaze (side to side)	<input type="checkbox"/>
	Visual fields (four quadrants)	L <input type="checkbox"/> <input type="checkbox"/> R
Limbs	Motor - arm drift (close eyes and hold out both arms)	L <input type="checkbox"/> <input type="checkbox"/> R
	Motor - leg drift (open eyes and lift each leg separately)	L <input type="checkbox"/> <input type="checkbox"/> R
	Sensory - arm and leg (close eyes and touch, pinch)	L <input type="checkbox"/> <input type="checkbox"/> R
	Coordination - arm and leg (finger to nose, heel to shin)	L <input type="checkbox"/> <input type="checkbox"/> R

Pre-Notification and Change in Status

Hospital Pre-notification:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change in Status:	<input type="checkbox"/> No Change <input type="checkbox"/> Improving <input type="checkbox"/> Worsening
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Contact Information

These items are for informational purposes only. They will not be collected by the Iowa Stroke Registry. When sending paper forms to the registry, please do not include this page.

Patient

Name _____

Contact 1

Name – relationship – phone _____

Contact 2

Name – relationship – phone _____

EMS Responder

Name _____

Notes:

It is desirable that the patient number used on this form match the patient number used by hospitals when entering the patient's stroke data into the Iowa Stroke Registry. You can also use a patient number derived by your service if needed.

Those responsible for delivery and care should complete the EMS run sheet. Completed paper forms should be sent to the Iowa Stroke Registry to be processed at the following location.

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