

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Date: \_\_\_\_\_ MR# \_\_\_\_\_

**STROKE ALERT - Provider Note**

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**EMERGENCY DEPARTMENT EXAMINATION RECORD**

**Mangum Regional Medical Center**  
 1 Wickersham Drive Mangum, OK 73554  
 (580)782-3353

**Time** \_\_\_\_\_ **ER Provider:** \_\_\_\_\_

**PMH:** CC:  Weakness/Paresis  Altered Level of Consciousness  Aphasia/Language Disturbance  Sudden severe HA.

Time last seen well: \_\_\_\_\_, by who? \_\_\_\_\_. Seizure at onset:  Y  N. Fall at onset:  Y  N.  
 Have any of the following occurred in the last 3 months:  Surgery  Head injury c Trauma  GI bleed  
 Last PO intake: \_\_\_\_\_.  Current Pregnancy-due date \_\_\_\_\_.  Recent Pregnancy-delivery date \_\_\_\_\_.

**ALLERGIES:**  NKDA  \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**Patient IS taking the following ANTICOAGULANT:**

ASA  Coumadin  Plavix  Brilinta  
 Xarelto  Pradaxa  Effient  Aggrenox  
 Ticlid  Eliquis  Savaysa  Effient

**PMH:**  Prior CVA  TIA  PE  Head Injury  Hypothyroid  Depression  Anxiety  
 Arrhythmia  A-fib  CHF  DVT  Aneurysm  Headaches  Seizures  Obesity  
 Diabetes  Hyperlidemia  HTN  COPD  Dementia  Long-Term Anti-Coag Meds

Other: \_\_\_\_\_

**SURGERIES:**  CABG  Pacemaker  Appendectomy  Hip Replacement  Hysterectomy  B Tubal Ligation  
 Carotid Endarectomy  Angiogram  Cholecystectomy  Knee Replacemnt  Tonsillectomy  Other \_\_\_\_\_

**FAMILY HISTORY:**  CAD \_\_\_\_\_  MI \_\_\_\_\_  CVA \_\_\_\_\_  DM \_\_\_\_\_  CA \_\_\_\_\_  Other \_\_\_\_\_

**SOCIAL HISTORY:**  Smoker \_\_\_\_\_  Oral-Tobacco \_\_\_\_\_  Ex-smoker \_\_\_\_\_  ETOH \_\_\_\_\_  Illicit Drugs \_\_\_\_\_

**ROS:** GEN: fever, chills. EYES: diplopia, blurred vision. ENT: pharyngitis, otalgia, rhinorrhea. NECK: Swelling, tenderness.  
 RESP: SOB, cough. CV: CP, Palpitations. EXT: Swelling of- feet, ankles, lower legs. BACK: Pain, loss of bowel or bladder control.  
 INTEG: Rash, non-healing wounds. NEURO: Headache, dizziness, numbness/tingling \_\_\_\_\_. PSYCH: Anxiety, depression.

**PHYSICAL EXAM:** ○=Circle if present/positive.

<b>Gen</b>	Alert	Awake	Lethargic	No acute distress	Unresponsive
<b>Head</b>	Facial droop- R or L.		Ecchymosis	Battle signs	Raccoon eyes Wound: _____
<b>Eyes</b>	Makes eye contact		PERRL	EOM intact	Nystagmus Peripheral vision loss- R L
<b>ENT</b>	Hemotympanum- R L		Rhinorrhea	Pharyngeal erythema	Oral mucosa- moist dry
<b>Neck</b>	Lymphadenopathy	JVD	Carotid bruit- R L	Full ROM	Vertebral point tenderness
<b>CV</b>	Regular rate & rhythm		Gallop	Murmur	Rub Chest wall tenderness
<b>Resp</b>	Respirations even & unlabored		Wheeze	Rhonchi	Rales Chest movement symmetrical
<b>GI</b>	Ecchymosis	Pulsations	Tenderness	BS- normo- hypo-hyperactive	Guarding Rebound
<b>GU</b>	Suprapubic pain				
<b>Back</b>	CVA tenderness Vertebral point tenderness				
<b>Extrem</b>	Pedal Edema	Full ROM	Homan's- R L	Weakness- RUE LUE RLE LLE	
<b>Integ</b>	Warm	Dry	Diaphoretic	Rash	Lesions Wounds
<b>Neuro</b>	Oriented to- Person Place Time Situation				*See NIH Tool
<b>Psych</b>	Anxious	Depressed	Flat	Withdrawn	Restless

**CT/Head Results:** \_\_\_\_\_

Comments: \_\_\_\_\_

NP/PA Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
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 ER Provider: \_\_\_\_\_

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<b>EMERGENCY DEPARTMENT EXAMINATION RECORD</b>
Name of Hospital
Address, City, State, Zip
Phone Number

**NIH STROKE SCALE:** 0=No stroke. 1-4=Minor stroke. 5-15=Moderate stroke. 21-42=Severe stroke.

Category	Description	Time>		
<b>1a. LOC:</b> (Alert, drowsy etc.)	Alert	0	0	
	Drowsy	1	1	
	Stuporous	2	2	
<b>1a LOC Questions:</b> (Month, Age)	Coma	3	3	
	Both correct	0	0	
	One correct	1	1	
	Incorrect	2	2	
<b>1c. LOC Commands:</b> (Open/close eyes make fist, let go)	Obeys both correctly	0	0	
	Obeys 1 correctly	1	1	
	Incorrect	2	2	
<b>2. Best Gaze:</b> (Eyes open - follows fingers or face)	Normal	0	0	
	Partial gaze palsy	1	1	
	Forced deviation	2	2	
<b>3. Visual:</b> (Introduce visual stimulus/ threat to pt's visual field quadrants)	No visual loss	0	0	
	Partial hemianopia	1	1	
	Complete hemianopia	2	2	
	Bilateral hemianopia	3	3	
<b>4. Facial Palsy:</b> (Show teeth, raise eyebrows & squeeze eyes shut)	Normal	0	0	
	Minor	1	1	
	Partial	2	2	
	Complete	3	3	
<b>5a. Motor Arm-L:</b> (Elevate extremity to 90 degrees & score drift/movement)	No drift	0	0	
	Drift	1	1	
	Can't resist gravity	2	2	
	No effort against gravity	3	3	
	No movement	4	4	
	* Amputation, joint fused	9	9	
<b>5b. Motor Arm-R:</b> (Elevate extremity to 90 degrees & score drift/movement)	No drift	0	0	
	Drift	1	1	
	Can't resist gravity	2	2	
	No effort against gravity	3	3	
	No movement	4	4	
	* Amputation, joint fused	9	9	

Category	Description	Time>		
<b>6a. Motor Leg-L:</b> (Elevate extremity to 30 degrees & score drift/movement)	No drift	0	0	
	Drift	1	1	
	Can't resist gravity	2	2	
	No effort against gravity	3	3	
	No movement	4	4	
	* Amputation, joint fused	9	9	
<b>6b. Motor Leg-R:</b> (Elevate extremity to 30 degrees & score drift/movement)	No drift	0	0	
	Drift	1	1	
	Can't resist gravity	2	2	
	No effort against gravity	3	3	
	No movement	4	4	
	* Amputation, joint fused	9	9	
<b>7. Limb Ataxia:</b> (Finger-nose, heel down shin)	Absent	0	0	
	Present in 1 limb	1	1	
	Present in 2 limbs	2	2	
<b>8. Sensory:</b> (Pin prick face, arm, trunk, & leg - compare side to side)	Normal	0	0	
	Partial loss	1	1	
	Severe loss	2	2	
<b>9. Best Language:</b> (Name items, describe picture, and read sentences of NIH scale)	No aphasia	0	0	
	Mild to mod aphasia	1	1	
	Severe aphasia	2	2	
	Mute	3	3	
<b>10. Dysarthria:</b> (Evaluate speech clarity by patient repeating the NHI scale word list)	Normal articulation	0	0	
	Mild to mod dysarthria	1	1	
	Near to unintelligible or worse	2	2	
	Intubated or other physical barrier	9	9	
<b>11. Extinction &amp; Inattention:</b> (Use info from prior testing to ID)	No neglect	0	0	
	Partial neglect	1	1	
	Complete neglect	2	2	
<b>TOTAL</b>				

\*Explain: \_\_\_\_\_

**PROVIDER NOTES:**

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**DIAGNOSES:** \_\_\_\_\_

**DISPOSITION:** (see EMTALA form) Phone call at (time) \_\_\_\_\_ transfer coordinator (name) \_\_\_\_\_  
 Patient accepted to \_\_\_\_\_ by Dr. \_\_\_\_\_ at (time) \_\_\_\_\_ Transfer time: \_\_\_\_\_ Face Time: \_\_\_\_\_ min  
 Transfer notes: \_\_\_\_\_

NP/PA Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_