STROKE ALERT - Nurse Note

EMERGENCY DEPARTMENT RECORD

Mangum Regional Medical Center

1 Wickersham Dr. Mangum OK 73554

(580) 782-3353

Name: ____________________

DOB: ____________________

Age: ______ **Gender:** ____________

Date: ____________ **MR#** ____________

Time	
	CC: ☐Weakness/Paresis ☐Altered Level of Consciousness ☐Aphasia/ Language Disturbance ☐Sudden severe HA ☐Other:
:	Onset of symptoms / Time last seen well
:	Time of arrival at ER — EMS Cincinnati Stroke Score _____
:	Arrival Method: ☐EMS ☐POV ☐Ambulatory ☐LawEnforcement
	EMS Prehospital Care: ☐ Oxygen ☐ CPR ☐ S/L ☐ IVF ___________ ☐ FSBS ______ ☐ Cardiac Monitor ☐ Other: ___________________
:	**A** Airway is patent ☐ Yes ☐ No — ☐Adv Directive
	B Patient is breathing? ☐ Yes ☐ No — ☐DNR
	C Pulse is present? ☐ Yes ☐ No — ☐FullCode
:	Titrate oxygen for SPO2 >94% Oxygen applied: __ L ☐NC ☐NRB ☐ Simple
:	**B** Balance: Loss of Balance/Coordination ☐ Yes-R ☐ Yes-L ☐ No
	E Eyes: Trouble seeing out of eyes ☐ Yes-R ☐ Yes-L ☐ No
	F Facial drooping? ☐ Yes-R ☐ Yes-L ☐ No
	A Arm drift? ☐ Yes-R ☐ Yes-L ☐ No
	S Speech slurred or strange? ☐ Yes ☐ No
	T Time-Initiate CODE STROKE if any of the above are present
:	Notified ER provider on call. Time of provider arrival at bedside ____:____
:	Activation of "STROKE ALERT" by overhead page
:	**CT Head**
:	Notified AirEvac of "STROKE ALERT" ☐Red phone ☐800-247-3822
	Acceptance time: _______, ETA______ . ☐Declined r/t _________.
:	Notified Police/EMS "STROKE ALERT in progress" (580-654-1444)
:	Arrival time of Air Evac or EMS
:	Arrival FSBS _______ ☐ Patient & family advised of NPO
:	Arrival EKG obtained ☐ Cardiac monitor on the patient
:	1st large bore S/L initiated. Gauge: ____ Location: ____________
	# attempts ____ ☐ Pressure dressing at unsuccessful sites
:	2nd large bore S/L initiated. Gauge: ____ Location: ____________
	# attempts ____ ☐ Pressure dressing at unsuccessful sites

VS & Neuro Q15m		Time : Arrive	: 15	: 30	: 45	: 60
Vital Signs	T					
	P					
	R					
	SBP					
	DBP					
	SPO2					
Pupils	Size-R mm					
	Size-L mm					
	Reactive-R ✓					
	Reactive-L ✓					
Conscious State	Calm ✓					
	Restless ✓					
	Combative ✓					
	Lethargic ✓					
Eye Opening	Spont-4					
	Loud Voice-3					
	Pain-2					
	None-1					
Verbal Response	Oriented-5					
	Confused-4					
	Inapprop-3					
	Incompre-2					
	None-1					
Motor Response	Obeys-6					
	Localizes-5					
	Withdraws-4					
	Abn flexion-3					
	Ext postur-2					
	None-1					
Glascow Coma Scale						

Nursing Actions:

Time	
:	HOB ☐Flat ☐Unable to tolerate flat r/t________, HOB @______.
:	☐Foley inserted. Size ____ Fr. Urine output ________mL. ☐Yellow ☐Dark ☐Clear ☐Cloudy ☐______________
:	☐NG Tube inserted. Size_____Fr. Placement confirmed by: ☐GI contents ☐Auscultated ☐X-ray

Notes:

MEDICATION RECORD		Adm	Pre-Administration				Eval	Post-Administration				
Medication	Dose	Time	SBP	DBP	P	FSBS	Time	SBP	DBP	P	FSBS	Comments

RN Signature ______________________________