



Stroke Alert Level IV Outcome Review

Patient Name: _____					
Admit Date: _____		Admit Time: _____			
Date of Stroke: _____		RN in Charge: _____			
Time of Stroke: _____		Physician/LIP Present: _____			
<input type="checkbox"/> ED Patient <input type="checkbox"/> Inhouse Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Other					
Immediate Actions Taken					
					Comments
Triage in <5 minutes					
Patient stable					
Exact time of onset known (LKWT)					
Physician notified <5 minutes					
Stroke Alert Announced					
During the Stroke Critique					
Skill	Time	YES	NO	NA	Comments/Areas to Improve
Nursing assessment completed within 10 min of patient arrival					
Physician assessment completed within 15 min of patient arrival					
EMS/Air Evac notified <15 minutes					
Contact Stroke Center for transfer <20 minutes					
Documented EMS/Air Evac estimated arrival time					
EMS/Air Evac arrival time					
BEFAST Screen completed/documented					
Initial NIHSS completed/documented					
VAN Screening Tool completed/documented					
FSBS obtained, documented					
VS monitored, documented Q15 minutes					
Neuro checks monitored, documented Q15 minutes					
Provider Note completed & scanned					
Nurses Note completed & scanned					
Acute Stroke Interfacility Transfer Protocol completed					
Patient transferred <60 minutes					
Documentation					
Patient record complete					
EMTALA paperwork completed for Ground transport (EMTALA form, EMS, OHCA form, EMS order sheet)					
Family notified					
Air Evac paperwork (Med necessity for Air Transport, EMTALA)					
Patient Records sent with patient faxed to appropriate stroke center					
Patient Departure Time:		Final Disposition:			
Atmosphere of Stroke Alert:		<input type="checkbox"/> Well Organized		<input type="checkbox"/> Fairly Well Organized	
		<input type="checkbox"/> Disorganized		<input type="checkbox"/> Chaotic	
RN Signature:					Date:
QM/CCO Signature:					Date:

