

Name: _____
 DOB: _____
 Age: _____ Gender: _____
 Date: _____ MR# _____

STROKE ALERT- Nurse Note
EMERGENCY DEPARTMENT RECORD
Mangum Regional Medical Center
 1 wickersham Dr. Mangum, OK 73554
 (580)782-3353

Height _____ Weight _____ Marital Status: Single Married Divorced Other _____

Race: White AfricAmer Hispanic NatHawaii/PacificIsl NativeAmer/AKNative Asian Other _____

ALLERGENS: NKDA _____

MEDICATIONS: Pharmacy _____ See pharmacy/pt list

PO Blood Thinners

<input type="checkbox"/> ASA	<input type="checkbox"/> Coumadin	<input type="checkbox"/> Plavix	<input type="checkbox"/> Brilinta
<input type="checkbox"/> Xarelto	<input type="checkbox"/> Pradaxa	<input type="checkbox"/> Effient	<input type="checkbox"/> Aggrenox
<input type="checkbox"/> Ticlid	<input type="checkbox"/> Eliquis	<input type="checkbox"/> Savaysa	<input type="checkbox"/> Effient

Name of Medication	Dose	Frequency	Last Dose Taken
			<input type="checkbox"/> Today
			<input type="checkbox"/> Today
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Past Medical History: Carotid Disease

<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> Prior CVA	<input type="checkbox"/> TIA
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> A-fib	<input type="checkbox"/> CHF
<input type="checkbox"/> Diabetes	<input type="checkbox"/> COPD	<input type="checkbox"/> HTN
<input type="checkbox"/> Depression	<input type="checkbox"/> Head Injury	<input type="checkbox"/> PE
<input type="checkbox"/> Hypothyroid	<input type="checkbox"/> Dementia	<input type="checkbox"/> DVT
<input type="checkbox"/> Aneurysm	<input type="checkbox"/> Obesity	<input type="checkbox"/> PVD

Long-Term Anti-Coag Meds
 Other : _____

Current FLU VACCINE: Y N Out of Season

PNEUMONIA VACCINE: None Year: _____

Last TETANUS: Unknown Year: _____

SURGERIES: CABG Carotid Endarectomy

<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Angiogram
<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Cholecystectomy
<input type="checkbox"/> Knee Replacemnt	<input type="checkbox"/> Hip Replacement
<input type="checkbox"/> Bilat Tubal Ligation	<input type="checkbox"/> Hysterectomy
<input type="checkbox"/> Tonsillectomy	Other: _____

SOCIAL HISTORY: Smoker Ex-Smoker
 ETOH use Illicit Drug use

PRESENT ILLNESS: _____

PHYSICAL EXAM: Circle if present/positive.

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

Comments: _____

RN Signature: _____

TIME OF TRANSFER: _____