

STROKE SCENARIO

Tracking Form/Checklist and Feedback Form



Together
to End Stroke™



PRE-HOSPITAL CHECKLIST & FEEDBACK

TIME	GOAL	INTERVENTION	Q-TIP PEARLS OF PRACTICE	COMMENTS
		Mock Stroke Begins		Mock patient exhibits stroke symptoms
		Bystander responds to emergency		Was FAST utilized or Stroke suspected?
		911 Called		
		EMS Unit Dispatched		
		First Responder on site		
		EMS Onsite Patient Evaluated per standard protocol		
		Pt History, LKW and Medication obtain Witness and or family mobile number		

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TIME	GOAL	INTERVENTION	Q-TIP PEARLS OF PRACTICE	COMMENTS
		Stroke Screen Completed		
		Rule Out Mimics- FSBS etc.		
		Stroke Severity Screen Completed		
		Transport to Stroke Center		Was closest stroke center bypassed? If so document additional transport time
		IV Started		
		Pre-notified Stroke Center of Stroke and provide brief report		
		Arrival to Stroke Center		

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IN-HOSPITAL CHECKLIST & FEEDBACK FORM

TIME	GOAL	INTERVENTION	Q-TIP PEARLS OF PRACTICE	COMMENTS
		Quick registration		
		Rapid Evaluation on EMS Stretcher by ED Physician, Activate Stroke Alert and EMS Handoff		
		EMS goes direct to CT-If Stable		
		Stroke Team Arrival/Evaluation, NIHSS, etc.		
		CT Initiated (IF NIHSS>6, CTA if rapidly available and able to be read)		

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IN-HOSPITAL CHECKLIST & FEEDBACK FORM

TIME	GOAL	INTERVENTION	Q-TIP PEARLS OF PRACTICE	COMMENTS
		Labs, EKG, Medication/Pt history		
		CT Read, Glucose Resulted, INR if Applicable		
		Alteplase Eligibility Decided		
		Alteplase Eligible- Patient Weight Assessed		
		Alteplase ordered		
		Alteplase infused		

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IN-HOSPITAL CHECKLIST & FEEDBACK FORM

TIME	GOAL	INTERVENTION	Q-TIP PEARLS OF PRACTICE	COMMENTS
		Monitor Per Alteplase protocol		
		EVT Eligible?		
		IF EVT Eligible skip to EVT Checklist		
		Alteplase NOT Eligible		
		EVT Eligible?		
		If NOT EVT Eligible continue care per facility protocol and or physician order		

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TIME	GOAL	INTERVENTION	Q-TIP PEARLS OF PRACTICE	COMMENTS
		If EVT Eligible		
		Perform additional Large Vessel Occlusion Scale to identify if possible LVO		
		NIHSS > 6		
		Review prior CTA or obtain CTA if capable at hospital		
		If candidate transport rapidly to endovascular suite		
		If hospital unable to perform endovascular intervention begin transport to center capable of doing endovascular intervention		
		Handoff report to transporting EMS, endovascular team, or ICU		

