

RUHS STROKE ROUNDING

Patient Identification 	Code Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please see back Stroke Kardex Started <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Location Start date _____ Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____	D/C Date D/C Dx
Triage Date/Time: / /18@ : H Admission Date/Time: / / @ : H "The clock starts from Admission date/time (except STK5)" "STK 5 / Antithrombotic starts from Triage Date/Time"		Admitting Dx _____ Admitting Team _____ Handset # _____	
Core Measures		Comments/Actions/Plan	
STK 1 VTE Prophylaxis by end of day 2 starting from Admission Date/Time Date/Time ordered _____ Date/Time given _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> N/A		(AIS, TIA & ICH) SCDs, Heparin/lovenox SQ, Heparin gtt, NOACs, Coumadin	
STK 2 D/C on Antithrombotic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> N/A		(AIS & TIA) ASA, Plavix, Aggrenox, any NOAC, Heparin gtt., Coumadin	
STK 3 Anticoagulation TX for Afib/Aflutter (Hx or present A-fib/Aflutter) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> N/A		(AIS & TIA)	
STK 4 Thrombolytic TX <input type="checkbox"/> Reason documented if <4.5 hours if tPA not given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> N/A		(AIS & TIA)	
Thrombolytic Tx Documentation Compliance <input type="checkbox"/> Yes (full 24 hrs) Q 15 x 2h Q 30 x 6hr Q1 x 16 hr <input type="checkbox"/> No <input type="checkbox"/> Deb Notified		tPA given < 60 min <input type="checkbox"/> Yes <input type="checkbox"/> No Reason Documented <input type="checkbox"/> Yes <input type="checkbox"/> No	
STK 5 Antithrombotic by end of day 2 starting from Triage Date/Time Date/Time ordered _____ Date/Time given _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> N/A		(AIS & TIA) ASA, Plavix, Aggrenox, any NOAC, Heparin gtt., Coumadin	
STK 6 Discharged on Statin (Lipitor 40mg or 80 mg. ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> N/A		(AIS & TIA) Lipitor 40mg or 80 mg. ONLY	
STK 8 Stroke Education in writing prior to discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fall-out <input type="checkbox"/> Specific to Patient <input type="checkbox"/> LL Core Stroke added		(AIS, TIA & ICH)	
STK 10 Assessed for Rehabilitation (an "order" meets this measure) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> PT Date/Time ordered _____ Date/Time complete _____ <input type="checkbox"/> N/A <input type="checkbox"/> OT Date/Time ordered _____ Date/Time complete _____ <input type="checkbox"/> N/A <input type="checkbox"/> ST Date/Time ordered _____ Date/Time complete _____ <input type="checkbox"/> N/A		(AIS, TIA & ICH)	
Quality and Achievement		Comments/Action/Plan	
NIHSS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fall-out <input type="checkbox"/> Baseline score _____ <input type="checkbox"/> Per shift x 48 hours <input type="checkbox"/> Discharge score _____		(AIS, TIA & ICH)	
Stroke Dysphagia Screen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fall-out <input type="checkbox"/> Reason <input type="checkbox"/> Pass Date _____ Time _____ <input type="checkbox"/> Fail Date _____ Time _____ Date/Time of first PO intake _____ (must have passed prior to PO intake) <input type="checkbox"/> ST eval Completed Date _____ Time _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NGT		(AIS, TIA & ICH)	
Lipid Panel (within 48hrs of admission) <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Results _____ On statin PTA <input type="checkbox"/> Yes <input type="checkbox"/> No Statin started/continued <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		(AIS & TIA)	
CT Head: <input type="checkbox"/> Yes: Date Ordered _____ <input type="checkbox"/> Not ordered <input type="checkbox"/> N/A <input type="checkbox"/> Date Done _____ Result: _____ CTA Head/Neck <input type="checkbox"/> Yes: Date Ordered _____ <input type="checkbox"/> Not ordered <input type="checkbox"/> N/A <input type="checkbox"/> Date Done _____ Result: _____		(AIS, TIA & ICH)	
MRI Head: <input type="checkbox"/> Yes: Date Ordered _____ <input type="checkbox"/> Not ordered <input type="checkbox"/> N/A <input type="checkbox"/> Date Done _____ Result: _____		(AIS, TIA & ICH) Optional	
Carotid Duplex: Date Ordered _____ Completed _____ Result _____ <input type="checkbox"/> N/A Echo: Date Ordered _____ Completed _____ Result _____ <input type="checkbox"/> N/A		(AIS, TIA & ICH) Optional	
ARAMIS Trail Last dose taken within 7 days <input type="checkbox"/> Yes <input type="checkbox"/> No Date/time of last dose _____ Ischemic: Xeralto <input type="checkbox"/> Eliquis <input type="checkbox"/> Sanvaysa <input type="checkbox"/> Pradaxa <input type="checkbox"/> Hemorrhagic: Coumadin <input type="checkbox"/> Xeralto <input type="checkbox"/> Eliquis <input type="checkbox"/> Sanvaysa <input type="checkbox"/> Pradaxa <input type="checkbox"/>		Deb Notified via email <input type="checkbox"/>	
MaRISS Trail Patients that arrived < 4.5 hrs. with mild stroke (NIHSS < 5) or rapidly resolving s/s treated or NOT treated with tPA		Deb Notified via email <input type="checkbox"/>	

Done

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Patient Name		Medical Record #		Mode of Arrival	Sex	DOB	Ethnicity
Arrival Date/Time		LKWT		Activation Time		Code Team Arrival/Name	
Time to MD/Name (<10min)		Time ED Orders Signed		Time to CT (<25 min)		Time to CT Results (<20 min)	
Lab draw		Lab results (<45 min)		POC Time	INR/PT /	Lab Call	PLT Result
EKG Time	CXR Time	Neuro Consult Name/Time		NSx Consult Name/Time		Telehealth Used <input type="checkbox"/> YES <input type="checkbox"/> NO	
tPA ordered (<60 min) <input type="checkbox"/> YES <input type="checkbox"/> NO		Start time	Stop time	Baseline NIHSS		NIHSS s/p tPA	
Disposition/Admitting DX		Admission Date/Time		Discharge Date/Time		Discharge DX	
Code Stroke Appropriate <input type="checkbox"/> YES <input type="checkbox"/> NO		Code Stroke Canceled <input type="checkbox"/> YES <input type="checkbox"/> NO		Cancellation Time		Reason	
Was the Patient In-Patient? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was an RRT called <input type="checkbox"/> YES <input type="checkbox"/> NO		Was a Code Stroke Called <input type="checkbox"/> YES <input type="checkbox"/> NO		Comments	
Acute Stroke Order set used <input type="checkbox"/> YES <input type="checkbox"/> NO		EMR Admission Order set used <input type="checkbox"/> YES <input type="checkbox"/> NO					

Communication Log

Date/Time/Shift _____

Date/Time/Shift _____

Date/Time/Shift _____

Date/Time/Shift _____
