



Patient sticker

ACUTE STROKE: Timeline Documentation Summary

Date:	
Time of EMS call	
Time of arrival to ED	
Onset of symptoms	
Time of Call to CritiCall	
Time of phone call to stroke neurologist	
Time CT completed <input type="checkbox"/> CTA <input type="checkbox"/> plain CT	
Time exclusion criteria completed	
Was Telestroke consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of stroke	<input type="checkbox"/> TIA <input type="checkbox"/> ischemic <input type="checkbox"/> hemorrhagic
Was TPA given? <input type="checkbox"/> Yes <input type="checkbox"/> No Transfer for clot retrieval <input type="checkbox"/> If No provide reason: <input type="checkbox"/> failed inclusion criteria <input type="checkbox"/> >4.5 h <input type="checkbox"/> CT shows hemorrhage <input type="checkbox"/> MD decision <input type="checkbox"/> patient refused	Time:
Time alteplase bolus given	
Time alteplase infusion started	
Time of transfer to SD or ICU	

MRN: _____ MD _____

******Please Give this documentation to the ER Registration Clerks when patient is transferred to floor *******

Please include a copy of this timesheet for patients going for EVT

ER registration: Please save this documentation tool into the stroke folder for Kim