

HOTRAC Regional Stroke Level Form

Stroke Level A – Last Known Wellness 0-4.5 hours <i>IF UNABLE TO COMPLETE ANY ITEM BELOW, TRANSFER IMMEDIATELY TO A CERTIFIED PRIMARY STROKE CENTER</i>	Stroke Level B – Last Know Wellness 4.5 - 24 hours
<ul style="list-style-type: none"> <input type="checkbox"/> Activate <u>Code Stroke</u> <input type="checkbox"/> NIHSS Score: _____ <input type="checkbox"/> LVO Scale: _____ <input type="checkbox"/> STAT ACCU-check: _____ <input type="checkbox"/> Ensure 2 IV lines (<i>do not delay transfer to complete</i>) <input type="checkbox"/> Prepare for IMMEDIATE transfer to Certified Primary Stroke Center <input type="checkbox"/> STAT non-contrast CT Head Time to CT: _____ (Door to CT < 20 min) Time CT resulted: _____ (Door to results < 45 min) <input type="checkbox"/> STAT EKG & continuous cardiac monitoring. Vital signs every 15 minutes w/ neuro checks. <input type="checkbox"/> O₂ _____ Lpm, via nasal cannula <input type="checkbox"/> STAT lab: CBC, CMP, PT/PTT, Troponin (Door to results < 45 min) <input type="checkbox"/> Review Inclusion Criteria <input type="checkbox"/> Review Exclusion Criteria <input type="checkbox"/> Initiate tPA Administration set <input type="checkbox"/> Review CUT-OFF TIME, consider administration of IV alteplase 	<ul style="list-style-type: none"> <input type="checkbox"/> NIHSS Score: _____ <input type="checkbox"/> LVO scale: _____ <input type="checkbox"/> Initiate stroke protocols <input type="checkbox"/> STAT non-contrast CT Head Time to CT: _____ (Door to CT < 60 min) Time CT resulted: _____ (Door to results < 120 min) <input type="checkbox"/> STAT ACCU-check: _____ <input type="checkbox"/> STAT EKG & continuous cardiac monitoring. Vital signs every 15 minutes w/ neuro checks. <input type="checkbox"/> O₂ _____ Lpm, via nasal cannula <input type="checkbox"/> Ensure 2 IV lines <input type="checkbox"/> STAT lab: CBC, CMP, PT/PTT, Troponin (Door to results < 45 min) <input type="checkbox"/> Admission/Transfer (circle one)
<p style="text-align: center;"><u>INCLUSION CRITERIA for alteplase</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 18 or over <input type="checkbox"/> Clinical diagnosis of ischemic stroke causing a measurable neurological deficit. <input type="checkbox"/> Time of onset of symptoms well established to be < 270 minutes before treatment would begin. <p style="text-align: center;"><u>Contraindications for alteplase Administration:</u></p> <ul style="list-style-type: none"> • Last known well of < 24 hours. • CT findings of intracranial hemorrhage, subarachnoid hemorrhage, or major infarct signs • History of intracranial hemorrhage, large brain aneurysm, vascular malformation, or brain tumor • Internal bleeding (less than 22 days) • IV or IA alteplase given at transferring hospital • No IV access • Patient/family refusal • Platelets less than 100,000, PTT greater than 40 seconds after heparin use (do not wait for results to start but stop if true) • PT greater than 15 or INR greater than 1.7, or unknown bleeding diathesis (do not wait for results to start but stop if true) • Recent intracranial or spinal surgery, head trauma, or stroke (less than 3 months) • Recent surgery/trauma (less than 15 days) • Suspicion of subarachnoid hemorrhage • Systolic blood pressure greater than 185 or diastolic blood pressure greater than 110 mm hg 	<p style="text-align: center;"><u>Warnings/Conditions That May Lead to Unfavorable Outcome:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute pericarditis <input type="checkbox"/> Diabetic hemorrhagic retinopathy or other ophthalmic bleeding <input type="checkbox"/> Glucose less than 50 or greater than 400 mg/dl <input type="checkbox"/> Hemostatic defects including those secondary to severe renal or hepatic disease <input type="checkbox"/> Left heart thrombus <input type="checkbox"/> Life expectancy less than 1 year or severe co-morbid illness <input type="checkbox"/> Myocardial infarction (MI) within the past 3 months <input type="checkbox"/> Patient currently receiving anticoagulants (e.g. Warfarin sodium, Coumadin) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Rapid improvement from minor impairment <input type="checkbox"/> Septic thrombophlebitis or occluded AV cannula at seriously infected site <input type="checkbox"/> Severity of disability – too mild <input type="checkbox"/> Severity of disability – too severe (e.g., NIHSS greater than 22) <input type="checkbox"/> Sub-acute bacterial endocarditis
<p>CODE STROKE was not activated due to one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DNR (Do Not Resuscitate) <input type="checkbox"/> Patient Request <input type="checkbox"/> Patient left AMA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Comfort/Palliative Care 	<p style="text-align: center;">SIGNATURES:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p style="text-align: center; margin-top: 20px;">Place label here</p>

Date: _____ Patient arrival time: _____ Symptom Onset Time: _____ Level (circle one): A B C Patient

Name: _____ MR/Chart #: _____ Facility: _____ ****submit this form with regional PI.**