

PREHOSPITAL CARE DATA				Special Initiatives Tab
Patient ID: _____				
Patient care record available at time of patient arrival		<input type="radio"/> Yes <input type="radio"/> No/ND		
Patient care record available at a later time during hospitalization		<input type="radio"/> Yes <input type="radio"/> No/ND		
EMS Agency List		_____ <input type="checkbox"/> Unknown [pick EMS Agency name from dropdown]		
Run/Sequence number		_____ <input type="checkbox"/> Unknown		
Date/Time Brain Imaging Initiated by MSU:		__/__/____ __:___ <input type="radio"/> Unknown		
Date/Time IV alteplase Administered by MSU:		__/__/____ __:___ <input type="radio"/> Unknown		
EMS Unit Notified by Dispatch:		<input type="radio"/> MM/DD/YYYY only <input type="radio"/> Unknown		Dispatched as Suspected Stroke? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND
EMS Unit Arrived on Scene		__/__/____ __:___ <input type="radio"/> MM/DD/YYYY only <input type="radio"/> Unknown		
EMS Arrived at Patient		__/__/____ __:___ <input type="radio"/> Unknown		
EMS Unit Left Scene:		__/__/____ __:___ <input type="radio"/> MM/DD/YYYY only <input type="radio"/> Unknown		
Last Known Well as Documented by EMS:		__/__/____ __:___ <input type="radio"/> MM/DD/YYYY only <input type="radio"/> Unknown <input type="radio"/> Unknowable		
Discovery of Stroke Symptoms by EMS:		__/__/____ __:___ <input type="radio"/> MM/DD/YYYY only <input type="radio"/> Unknown <input type="radio"/> Unknowable		
Date/Time Pre-Notification provided to Hospital:		__/__/____ __:___ <input type="radio"/> Unknown	Additional Information provided as part of pre-notification: <input type="checkbox"/> Blood Glucose Value <input type="checkbox"/> Blood Pressure <input type="checkbox"/> LKW time per EMS <input type="checkbox"/> Result of Stroke Screen/Severity Score <input type="checkbox"/> Seizure Activity	
Blood Glucose Level: _____(mg/dL):		<input type="radio"/> Too High <input type="radio"/> Too Low <input type="radio"/> Glucometer Not Available <input type="radio"/> Patient Refused <input type="radio"/> ND		
Initial Blood Pressure by EMS:		_____/____ mmHg <input type="checkbox"/> ND		
(EMS) Suspected Stroke?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND		
Indicate the stroke screen tool used:		<input type="radio"/> BE FAST <input type="radio"/> CPSS <input type="radio"/> DPSS <input type="radio"/> FAST <input type="radio"/> LAPSS	<input type="radio"/> MASS <input type="radio"/> Med PACS <input type="radio"/> MEND <input type="radio"/> mLAPSS	<input type="radio"/> OPSST <input type="radio"/> ROSIER <input type="radio"/> Other _____ <input type="radio"/> Stroke screen tool used, but tool used is unknown <input type="radio"/> No stroke screen tool used <input type="radio"/> Not Documented
Stroke Screen Outcome:		<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Documented		
Indicate the severity scale used?		<input type="radio"/> CPSSS/CSTAT <input type="radio"/> FAST ED <input type="radio"/> LAMS <input checked="" type="radio"/> MPSS <input type="radio"/> RACE <input checked="" type="radio"/> VAN <input type="radio"/> Other _____ <input type="radio"/> Severity scale used, but tool used is unknown <input type="radio"/> No severity scale used <input type="radio"/> Not Documented		Positive for LVO? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND

If severity scale assessment completed, enter total score:	_____ <input type="checkbox"/> Not Documented <i>** acceptable range values dependent on scale used</i>
How was destination decision made?	<input type="radio"/> Directed to designated stroke center by protocol <input type="radio"/> Directed to nearest facility by protocol <input type="radio"/> Patient/Family choice <input type="radio"/> Online Medical Direction <input type="radio"/> Closest facility <input type="radio"/> Other _____ <input type="radio"/> Unknown/ND
Thrombolytic Checklist used?	<input type="radio"/> Yes <input type="radio"/> No/ND
If severity scale used, did result alter hospital destination (e.g. CSC vs. PSC)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND
EMS Additional Comments	[text will display in EMS feedback form]
Source used to obtain prehospital care data:	<input type="radio"/> Hospital records on EMS <input type="radio"/> EMS records <input type="radio"/> Other