UCSD Medical Center
Continuous Quality Improvement

STROKE CODE

To be completed on every patient who presents with stroke symptoms (i.e. weakness or numbness on one side of the body, aphasia, slurred speech, difficulty swallowing, visual difficulties, dizziness, or loss of balance, sudden headache).

Addressograph

Nursing completes data in blue ED physicians completes data in green Neuro residents completes data in red

Date of ED arrival:

Time of ED arrival:

Did the patient arrive via EMS? ☐ Yes ☐ No

Stroke Code activated? ☐ No ☐ Yes

if yes time: (i.e. call to 36111)

Suspected time of stroke symptom onset (at admission) OR ☐ unknown

Record the following times:

ED physician initial exam: Target: w/in 10 min

Neurology Resident or Attending initial exam:

CT read by neurology or radiology: Target: w/in 45 min

Labs drawn:

Sent to CT scan: Target: w/in 25 min

Stroke Code canceled? ☐ No ☐ Yes, if yes time:

New diagnosis/reason:_____
(i.e. seizure, migraine, tumor, hypoglycemia)

Time treatment order given:

Treatment Given: Target: w/in 60 min
- ☐ t-PA; Time given :
- ☐ Refused t-PA; or delay by pt/family
- ☐ General Work up
- ☐ Research Protocol 1st dose given at:

Patient Disposition: Target: w/in 3 hrs
- ☐ Admitted; Time of transfer to bed:
- ☐ Discharged to home
- ☐ Other_____
- ☐ Dead

**Note: If unable to meet target times please comment on data sheet.

Completed Forms: mail to Jo Bell, Mail code **8466**, or fax to **37771**

C:\Documents and Settings\themmen.AD\Desktop\Stroke Code Data Sheet.doc

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Source: University of California—San Diego Medical Center.