DEPARTMENT OF HEALTH
STROKE PROGRAM

ASRH Designation 5.0 Site Visit Case Tracer Form

Hospital: _____ MDH Case ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 (do not collect MRN)

ED Arrival Date: _____ ☐Thrombolytic Tx ☐ Endovascular Tx ☐ Hemorrhagic Tx ☐ Other

ED Arrival Mode: ☐ Walk-In ☐ EMS | EMS Prenotification: ☐ YES ☐ NO | EMS **or** ED Glucose: ☐ YES ☐ NO _____

Stroke Code Metrics	Time	Door to Time	ASRH Goal
ED Arrival/Door Time			
Last Known Well **Clock Time**		LKW to Door:	
Provider Evaluation		Door to Provider:	10 min
Stroke Code Activation		Door to Code:	15 min
Telestroke (Neuro consultation) Activation		Door to Telestroke activation:	15 min
Telestroke (Neuro consultation) Connection *Who activated telestroke?*		Door to Telestroke connection:	20 min *(from activation)*
CT Initiated		Door to CT:	20 min
CT Read/Interpreted		Door to CT read:	45 min
Thrombolytic Tx Administration		Door to Needle:	60 min *(45 stretch)*
Reversal Tx Administration		*Door to Reversal:*	*60 min*
Transfer out of ED		Door to Transfer:	120 minutes
Treatment and Transfer			
Thrombolytic		**Hemorrhagic**	
Weight obtained / Method_____	Y / N / NA	Neuro Consult	Y / N / NA
Med Double Check	Y / N / NA	Hemorrhagic Order Placed / Used	Y / N / NA
BP Prior to Thrombolytic _____/_____	Y / N / NA	BP Management Appropriate BP Targets (if indicated)	Y / N / NA
Tenecteplase	Y / N / NA	What meds	
Pre NS flush, Bolus, Post NS flush times:		Anticoagulant/Antiplatelet:	Y / N / NA
Alteplase	Y / N / NA	INR Value	
Bolus, infusion, flush times:		Reversal of anticoagulation for ICH	Y / N / NA
Post Thrombolytic Orders Placed / Used	Y / N / NA	Reversal of antiplatelets for ICH	Y / N / NA
Post Thrombolytic Monitoring VS 15 15 15 15 15 15 15 15 N 15 15 15 15 15 15 15 15	Y / N / NA	Hemorrhagic Stroke Monitoring VS N	Y / N / NA
Transferred to Hospital for Endovascular OR Admitted	Y / N / NA	Transferred to Hospital w Neurosurgical Capabilities OR Admitted	Y / N / NA
Medical Record Documentation			
Dysphagia Screen or NPO	Y / N / NA	Dysphagia Screen or NPO	Y / N / NA
NIHSS / Whom_____	Y / N / NA	NIHSS / Whom_____	Y / N / NA
Discussion of Risks/Benefits/Alternatives	Y / N / NA		
Noted Time Delays	Y / N / NA	Noted Time Delays	Y / N / NA

Notes: