

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 name or number	_____ <input type="checkbox"/> Unknown
Run/Sequence number	_____ <input type="checkbox"/> Unknown
Date/Time call received by responding EMS agency:	__/__/____ __:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown
Dispatched as suspected stroke?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not documented
Arrival at scene by EMS responding agency, Date/Time:	__/__/____ __:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown
Scene departure	__/__/____ __:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown
Blood Glucose level (mg/dL):	_____ Blood Glucose value <input type="radio"/> Not Documented <input type="radio"/> Too High <input type="radio"/> Too Low <input type="radio"/> Glucometer Not Available
Date/Time patient last known to be well as documented by EMS:	__/__/____ __:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown
Date/Time of discovery of stroke symptoms as documented by EMS:	__/__/____ __:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown
Pre-hospital stroke screen performed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not documented
Suspected stroke?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not documented
Was a Thrombolytic Checklist used?	<input type="radio"/> Yes <input type="radio"/> No/ND
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/Not Documented