



STROKE PATIENT REGISTRY FORM (NON-STROKE RECEIVING CENTER) v42921

1. IDENTIFICATION			3. VITAL SIGNS ON ARRIVAL		
Receiving hospital:			BP _____	EYES _____	
Pre-hospital PCR#			HR _____	VERBAL _____	
Did EMS contact a BH prior to arrival? Yes No			RR _____	MOTOR _____	
If yes, which BH?			TEMP _____	GCS TOTAL _____	
Male _____ Female _____			4. PROCEDURES AFTER ARRIVAL		
2. EMERGENCY DEPARTMENT ADMISSION DATA			IR	No	Yes Date / Time:
Date of arrival:			Thrombectomy	No	Yes Date / Time:
Time of arrival:			TPA	No	Yes Date / Time:
Method of arrival			TNK	No	Yes Date / Time:
BLS ambulance provider	Unit #		Admitted	No	Yes Date / Time:
ALS ambulance provider	Unit #		If admitted, continue to #5; otherwise, skip to #6 / 6a		
Other (please describe)			5. DISCHARGE		
Was the patient identified as MLAPSS+ at any time prior to arrival? Yes No			Discharged date:		
MLAPSS criteria on arrival*			Total LOS:		
Is pts age greater than 17?	Yes	No	Discharge diagnosis:		
Patient's age:			6. CONTINUATION OF STROKE CARE		
History of seizure disorder?	Yes	No	No _____ Yes _____		
Was patient ambulatory at baseline prior to this event?			If yes, destination:		
	Yes	No	Date / time of transfer:		
LAMS Score on arrival			6a. INTERFACILITY TRANSFER		
Is patient's blood glucose between 60 and 400?			No _____ Yes _____		
Blood glucose level:			If yes, destination:		
			Date / time of transfer:		
			Comments:		
Facial symmetry intact? Yes No					
IF NO: Droop right Droop left					
<u>Hand grips?</u>	<u>Left</u>	<u>Right</u>			
	Normal	Normal			
	Weak	Weak			
	Absent	Absent			
<u>Arm weakness?</u>	None	None			
	Drifts	Drifts			
	Falls rapidly	Falls rapidly			

*mLAPSS is positive if all criteria are YES and unilateral weakness is present in any finding of LAMS score.

Within 90 days of patient arrival, email completed form to lduke@rivco.org

