Admission Date: Code Status:

Allergies:

Admitting Diagnoses: **Stroke/TIA**

Symptoms prior to admission and time they started:

Presenting Symptoms:

Admission Vitals:

TPA Received? ☐ Yes ☐ No

Dominant Hand ☐ R ☐ L

Pain: ☐ Yes ☐ No Pain Med:

Past Medical Hx/ Risk Factors:

HTN	Heart DX	Hyperchol
DM	PVD	Birth control
CVA/TIA	CA	Drug abuse
ETOH	Smoker	Pacer
AFIB		

Other/Family HX:

NIH Admission NIH _____ Current _____

Core Measures:			**Date completed**
Swallow Screen	Pass	Fail	
Stroke Pathway Ordered			
Quality Measures/POC Initiated			
Antiplatelets Aspirin,Plavix ,Aggrenox			
VTE /DVT SCD's,heparin,coumadin,Lovenox			
Statins Pravastatin,Atorvastatin, simvastatin			
Mandatory Education			
Daily Stroke Education Document in Iview			
Telemetry ordered			
Smoking Cessation			

Bowel /Bladder: flexi ☐ Ostomy ☐

continent ☐ Fecal bag ☐

Incontinent ☐ Foley ☐

Patient Safety:	YES	NO
Falls Precautions:		
Restraints:		
Sitter:		
Suicide Precaution:		

Fall this adm? ☐

Date:

Fall Risk Score _____

Fall prior to hosp? ☐ yes ☐ no

Skin:

☐ Boots ☐ Q2H turns

☐ Wedge ☐ Specialty bed

☐ W/C cushion

Respiratory:

Oxygen:

Pressure Ulcer Risk ☐ Yes ☐ No

Wound Consult ☐ Yes ☐ No

Alert & Oriented X ☐ 1 ☐ 2 ☐ 3

Neuro checks Q4 ☐ Q8 ☐

Label

Room	Age	M / F

Completed Consults:

☐ Urology ☐ OT/PT

☐ Nutrition ☐ Speech

☐ Neuro ☐ SW/CM

☐ Neuro-surg ☐ Other:

Pt Admitted from:

Home ☐ Lives with: _____

Sen. Housing/Ind. living:

Sub-acute ☐

Long term care facility ☐

Emergency Contact:

Isolation:

☐ Enteric ☐ Airborne

☐ Contact ☐ Droplet

Labs on admission:

Troponins	☐	☐	☐
Triglyc.		Chol	
LDL		HDL	
If LDL >100 give statins		HgbA1C	

FS: ACHS ☐ Q6 ☐ Q4 ☐

Diet:

IV Lines:

Home Meds:

Discharge Meds:

Discharge: Anti-coags for pt with AFIB/Aflutter ☐

Vaccines:

☐ Pneumococcal Date Given:

☐ Influenza Date Given:

Adv. Directives: ☐ Yes ☐ No

SLP/PT/OT Recommendations:

Language Needs: Primary Lang:

☐ Interpreter ☐ Lang. Line

Special needs:

☐ Blind ☐ Deaf ☐ HOH ☐ Arm Prec.

L/R/B | L/R/B | L/R/B | L/R/B

DATE		Test	Results
CT Scan			
MRI/MRA			
Carotid Duplex			
TRANSTHORACIC ECHO			
TRANSESOPHAGEAL ECHO TEE			
DATE/Time		XRAYS	Results
Temetry Started:		Date: Time:	Stopped: Date: Time:
DATE/Time		Initial Rhythm/ RhythmChanges	Person Notified