

Appendix B: Acute Stroke Ready Hospital Site Visit – Case Tracer Form

Hospital:	MDH Code (not medical record):
Arrival Date:	Transfer/Discharge Date:

Alteplase Transfer
 Other Transfer: _____
 Alteplase Admit
 Other Admit: _____

Process	Time	Timing Indicators
Arrival Mode (EMS / Walk-In)		
EMS pre notification (Y / N)		
Glucose Obtained (Y / N)		
ED Arrival Time		Door:
Last Known Well <u>Clock Time</u>		LKW to Door:
Stroke Code Activation		Door to Code:
Acute Stroke Team assembled		Door to AST:
Telestroke Activation		Door to Telestroke:
CT Initiated		Door to CT:
CT Read		Door to CT read:
Transfer out of ED		Door to Transfer:
IV Alteplase		Door to Needle:
Weight obtained (method)		
Double Checked		
Risk, Benefits, Informed Consent		
BP prior to infusion		
Bolus Time		
Infusion Time		
Flush		
Post-Alteplase Monitoring		VS 15 15 15 15 15 15 15 15 N 15 15 15 15 15 15 15 15
Documentation		
Dysphagia Screen documented	Y / N	
NIHSS documented by whom?	Y / N	
Reason no alteplase documented	Y / N	
Considered for endovascular treatment	Y / N	
Comments/Summary of Case Review:		
Is workflow in record consistent with best practice, consistent with their protocol and consistent within their own documentation? Are there any opportunities noted for improvement? Are there any concerns for patient safety?		