**Hospital to EMS Quality Report**

**EMS pre-notification to ED**

Yes

No

**EMS total on-scene time \_\_\_\_\_**

**Demographics**

Years old: \_\_\_\_\_ Gender:

Male

Female

Race/Ethnicity:

American Indian/Alaska Native  Hispanic Ethnicity

Asian  Native Hawaiian/Pacific Islander

Black or African American  White

Unable to Determine

**Significant Information**

Date andTime of arrival to ED: \_\_\_/\_\_/\_\_\_\_ \_\_\_:\_\_\_

Presenting Symptoms in the Field:

Last Known Normal:

Date and Time known \_\_\_/\_\_\_/\_\_\_\_ \_\_\_:\_\_\_

Date only known \_\_\_/\_\_\_/\_\_\_\_

Date and Time unknown

Notes:

Pre-hospital Stroke Scale Completed: Blood glucose checked:

Yes  Yes

No  No

Were appropriate therapies and interventions provided by EMS?

Yes

No

If no, which therapies/interventions were not provided?

Hospital-Specific Notes:

Inter-facility Transport Notes:

**Complete if applicable: Inter-facility transport**

Blood pressure guidelines maintained:

Yes

No

Vital signs and neurological checks monitored according to guidelines:

Yes

No

**Findings and Treatment**

ED Findings:

Ischemic stroke  Intracerebral Hemorrhage (ICH)

Transient Ischemic Attack (TIA)  No stroke/stroke mimic or other

Subarachnoid Hemorrhage (SAH)

Treatment in ED:

IV t-PA

Endovascular intervention

No IV t-PA or intervention. Treated in the ED and transferred to the ICU/floor (Please see Treatment Notes below for reason)

Transferred to another facility

Treatment Notes:

**Discharge/Outcome**

Discharge Date: \_\_\_/\_\_/\_\_\_\_

Discharge Primary Diagnosis:

Ischemic stroke  Intracerebral Hemorrhage (ICH)

Transient Ischemic Attack (TIA)  No stroke/stroke mimic or other (specify below)

Subarachnoid Hemorrhage (SAH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Destination:

Home  Hospice

Rehab  Expired

Nursing Home  Other

Skilled Nursing Facility

Long-term acute care

Clinical Outcome Notes:

Thank you for your collaboration in taking care of this patient.

Please provide me with any feedback on how we can improve our communication with you.

Your name

Your title

Your hospital

Your phone #