



Safe harbor for your health.

4 Fuller Street • Alexandria Bay, NY 13607

Phone: (315) 482-1107 • Fax: (315) 482-7153

Emergency Department Stroke Tracker

ED Notified: _____

Overseeing Physician Notified: _____ Arrived: _____

Name of Patient: _____ D.O.B.: _____ Door in time: _____

CT Tech Notified: _____ Arrived: _____ Time Head CT completed: _____

Chief Complaint: _____

Last Known Well: _____ FSBS: _____

VS: BP: _____ HR: _____ RR: _____ O2 Sat: _____ Temp: _____

Time CT Results called to ED Provider: _____

Upstate Transfer Center Notified: _____

Accepting Physician: _____ Time: _____

Telemedicine Consult (Yes or No): _____

tPA administered (Yes or NO): _____ Time started: _____

EMS notified: _____ EMS accepted: _____ EMS Arrival: _____ EMS Departure: _____

Door out time (departure): _____ Total time door in to door out (DIDO): _____

Final diagnosis: _____

After Action Review Notes: _____

Nursing Supervisor, Date/Time: _____

Nurse Manager, Date/Time: _____

ED Director, Date/Time: _____

Submit form to ED Nurse Manager, Not part of Medical Record